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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS†

PROPOSED CALIFORNIA INITIATIVE: FOR COMPULSORY HEALTH INSURANCE

A Compulsory Health Initiative Will Be on the November Ballot.—An initiative for compulsory health insurance will be on the November, 1940, ballot, unless its printed forms, now ready for circulation, are not distributed for voters' signatures. The proponents of the measure believe the expense of securing needed signatures (estimated usually at from $25,000 to $35,000) can be greatly lessened by voluntary circulation of the petitions among members of labor and other organizations.

* * *

Nature of the Proposed Law.—The law suggested is a modification of the statute submitted to the Assembly of the California Legislature in 1939, but which went down to defeat in that body. The story of that venture was outlined in CALIFORNIA AND WESTERN MEDICINE at that time.

It has been stated that the proposed law, soon to be called to the attention of the electorate, is basically the same as that brought up in 1939; the changes being largely on matters of procedure. It would be an act that would institute the capitation system, in which the funds necessary to carry out its provisions would come from three sources: employers, employees, and the State. General practitioners (a group including the great majority of physicians now in practice, and, as defined in the law, perhaps even some present-day specialists) must each have a panel of citizens for whose care in sickness and injury they would be severally responsible; the physician receiving from the State a certain sum for each citizen whose name was on his panel. To many members of the medical profession, the rôle of specialists, and the plan of the so-called "health centers" appear involved, and not altogether practicable; but no such doubt seems to exist in the minds of the lay economic experts and that group of advanced social service philosophers who have so militantly promoted, by word of mouth and otherwise, the propaganda that a compulsory health law is urgently needed for California, if proper medical and hospitalization service is to be rendered to the citizens of this State.

† Editorials on subjects of scientific and clinical interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

Psychologic Background of Certain Proponents.—As has been stated many times, it seems almost impossible to understand the kind of psychologic or other background of the propagandists and ultra-proponents of a compulsory health system; the more so, that the more active and vociferous among that fold are not members of the profession of medicine, in the practice of which exist ample opportunities to acquire first hand and accurate knowledge concerning the medical needs of fellow citizens. Some of these proponents parade their cause with all the unctiousness and intensity of crusaders, or—perhaps a more expressive term would be—sanctified evangelists. They ignore the comparatively accurate figures on record in the vital statistic reports of the State and Nation, whereby it is clearly proven that the United States, under the existing voluntary system of medical service, has the lowest morbidity and mortality rates of any civilized nation in the world. Instead, again and again, they quote, emphasize and over-accentuate the unreliable data gathered in miscellaneous survey adventures which, in the past, have often been carried on by untrained investigators or field agents, in so-called cross-section areas of communities. The statistical (?) information that has been gathered under such conditions rarely incorporates or separates the diagnoses of physicians, who by training are in position to give far more reliable data. Instead, as authoritative, are accepted the reports sent in by field workers who have enumerated all the self-made diagnoses of housewives and others interviewed. Of such nature are many of the figures so frequently put forward by forum speakers who have espoused the compulsory health insurance system dogmas. The whole thing, if it were not so tragic as regards possible end-results through the emotional enactment of pernicious legislation, would be little less than ludicrous.

* * *

Physicians Must Awaken to the Impending Dangers.—It is to be regretted that among physicians, here and there, may be found a considerable number who do not seem to sense the seriousness of the proposed compulsory health insurance legislation; both regarding its power to lower public health standards, and also to change the whole nature of medical practice as it is now being carried on. It is to be hoped, therefore, that those among us who are reluctant to believe that such dangers are imminent, may awaken in time to a realization of what may be impending—so that in the battle which is now almost immediately ahead, they may stand shoulder to shoulder with their professional fellows and friends, to prevent the evils a compulsory health insurance system would bring upon California.

In this connection, it may be stated that the California Medical Association Committee on Public Relations will, within a short time, distribute to members copies of an illuminating booklet brought out by the Public Relations Bureau of the Medical Society of the State of New York, and entitled "On the Witness Stand." Its careful perusal is recommended to all physicians, because it gives accurate information on a host of questions soon to come to the front.

In the meantime, it is suggested that component county societies, in their meetings, give to this important subject the attention it deserves, and particularly to the ways and means best calculated to protect both the people and the profession.

ON A MEETING OF THE ALAMEDA COUNTY MEDICAL ASSOCIATION: SOME OBSERVATIONS

An Interesting Session.—In Oakland, at the regular meeting of the Alameda County Medical Association, on Monday, February 19, two officers of the California Medical Association (President Charles A. Dukes and Secretary George H. Kress) spoke on problems related to organized medicine, and two members of the Board of Trustees of the California Physicians' Service (Doctors T. Henshaw Kelly and Alson R. Kilgore) gave a portrayal of the present status of that statewide, nonprofit medical service plan. More than five hundred members of the Alameda County Medical Association were present (almost 90 per cent of the membership) and evinced keen interest in the presentations, the value of which was added to materially by the favorable progress report by W. Earl Mitchell on the "Insurance Association of Approved Hospitals," and the observations of Dr. Daniel Crosby on his work as a district medical director of California Physicians' Service.

It is gratifying to record so large a percentage of attendance by members of a component county society at a meeting where pertinent medical-economic and medical service plans were program topics.

* * *

Some Past Achievements.—The interest of Alameda County Medical Society members, as so evidenced, probably explains why they have been pioneers in practical experiments in California, involving attempts to solve pressing medical-economic and associated problems. In this connection, reference may first be made to the successful efforts of Dr. O. D. Hamlin to place in operation, years ago, for the county hospital of Alameda County, an "Institutions Commission," a plan which many observers believe to be the best of all means of supervision of such institutions thus far suggested and tried out; and, second, to the work of President Charles A. Dukes of Oakland who, in former years as chairman of the California Medical Association Committee on Public Relations, did much to bring into being—especially in hospitals which had been offenders—the proper recognition of the professional status of physicians specializing in laboratory technique or radiology; and, third, mention should also be made of the "Alameda Plan" so often referred to in the literature, and which was designed to make possible the giving of medical service to near-indigents—a set-up sponsored by Dr. George G. Reinle and coworkers; and, fourth, the more re-

cent service of Dr. W. Earl Mitchell and his associates should be noted in raising a fund of twenty-five thousand dollars to establish the "Insurance Association of Approved Hospitals," a hospitalization service that now numbers more than thirty thousand members. A county society that can point to such achievements may well take pride in its record. At some future time, the story of how the Alameda County Society secured permanent auditorium and library facilities from the county authorities, through donation of the property of the former Oakland College of Physicians and Surgeons, may be made the subject of another interesting story.

* * *

A Recent Statement of Alameda County Medical Society's President.—In concluding these observations, and to show the reactions of leaders of the Alameda County Medical Association to some present-day trends and activities, two paragraphs from a recent announcement by Dr. A. A. Alexander, now president of the Alameda County Medical Association, are worthy of perusal and careful consideration:

> It is characteristic of reformers that they never let up. At times, it may be, they seem to relax their efforts, but no one should be deceived thereby. Expediency of some sort is the reason and they seek to recruit strength against a more opportune moment when defenses are down. At the moment we are hearing little of the National and State campaigners for Socialized Medicine, and during this election we are not likely to hear a great deal upon that subject. But don't be deceived: they have not grown sympathetic with Medicine, and they are not going to stop shedding their crocodile tears because (sic) medical care is beyond the reach of many good citizens. These enthusiasts are going to offer again and again the bait of something for nothing and later the taxpayer will learn of the costs. Many are convinced that because life in this country is free it should be gratuitous; and as a matter of fact what they are getting for nothing they value at its cost to them.
>
> Let us not assume that, in its present form, California Physicians' Service is perfect. It is not; but it offers a valuable service at a modest cost. To successfully sell the Service, will involve a tremendous effort in education. We will be asked by our patients for that education. Let us prepare ourselves to give it intelligently. The next meeting of your Association will be devoted largely to providing the information we need. Come and get it. Then go in the spirit of united, whole-hearted coöperation on our part to put over a really workable plan for prepaid medical service. To be sure, there will be criticisms; but if we are a unit, constructive criticism will bear the fruit of correction.

ON VARIOUS TOPICS

Annual Conference of County Society Secretaries with Officers and Committeemen of the California Medical Association.—At San Francisco, on Sunday, February 18, the fourth annual conference of representatives of the component county societies met in joint session and conference with officers and committeemen of the California Medical Association. Rarely has a group of physicians in California sat through a whole day of reports and exchanges of opinion, in which such intense interest was shown in the topics under consideration. It is not possible to record in the OFFICIAL JOURNAL the reports submitted, the highlights of which will, no doubt, be brought out in the "Pre-Convention Bulletin," to appear as a supplement to the April issue of CALIFORNIA AND WESTERN MEDICINE. County society secretaries who were in attendance will carry to their respective units the story of what they heard and learned. The scope of the meeting may be visualized by referring to the program printed in this issue.*

* * *

Annual Session, Coronado, May 6-9, 1940.—The sixty-ninth annual session of the California Medical Association will begin its informal meetings on Sunday, May 5. The general plan of the program was outlined in the November issue of the OFFICIAL JOURNAL, on page 289. Hotel information was given in the same number, on page 333, and members who have in mind to attend may wish to make reservations early with one or other of the hotels there mentioned.

As previously stated, the time set aside for the twelve specialty sections of the Association has been cut down, emphasis being placed this year on the four general sessions—one for each morning—in which topics of interest to physicians in general practice will be given particular attention.

Excellent programs for the twelve specialty sections also will be presented. Synopses of the papers will appear in next month's "Pre-Convention Bulletin and Program." All members, then, of the California Medical Association who can arrange to be in attendance are urged to do so.

* * *

Status of Federal Health and Hospitalization Legislation.—Present indications are that the Wagner Health Bill will not travel far in the second session of the present Congress. In this connection, a profitable period may be spent in reading the excerpts from the illuminating address by the Honorable Edward R. Burke, Congressman from Nebraska, which he recently made to the members of the Chicago Medical Society and which appear in this issue of the OFFICIAL JOURNAL, on page 133. The story there revealed is in line with other reliable information.

It is somewhat of a far-cry from Senator Wagner's proposed annual health appropriation of almost one hundred million dollars annually—or about one billion dollars in ten years—to President Roosevelt's hospitalization bill, briefly commented upon on page 52 of last month's issue, and for which an appropriation of only ten million dollars is requested. Should that measure become a law, the provisions for its execution are such that the expenditure during the coming year would not be overgreat—perhaps only a quarter of the entire appropriation. In the meantime, however, the publicity brought into play should make for careful and helpful consideration of the problem of hospital needs. What measures a succeeding Congress may bring forth, no one at the present time is in position accurately to forecast.

* * *

National Physicians Committee for the Extension of Medical Service.—At the meeting of

* For program, see page 131.

the California Medical Association Council held on February 18, the newly formed organization, "National Physicians Committee for the Extension of Medical Service" was approved, and in this issue is printed a contribution "Minute Men of American Medicine," in which a clear statement of the needs and objectives of this national organization (which is somewhat similar to the Public Health League of California but only on a national, instead of a state scale) are indicated.

Times have changed, and circumstances alter cases. The California Medical Association is primarily a scientific organization. So also, is the American Medical Association. There are excellent reasons—of financial, political and other nature—why these organizations should not be called upon to be militantly active in the legislative halls of Sacramento or Washington, D. C. On the other hand, certain legislative trends having intimate public health implications must be carefully watched. In matters related to legislation, not only is an ounce of prevention worth a pound of cure, but it also is true that, if certain proposed measures are not modified or prevented in their early stages, later it may be impossible to cure or do away with them. This new organization by physicians who, of their own volition, have chosen to become members and contributors to the National Physicians Committee for the Extension of Medical Service (or to the National Physicians Committee as it is already popularly known), will provide a means of rendering positive and valuable aid in the promotion of the Nation's public health interests and in the promotion and maintenance of the standards of scientific medicine. Readers are requested to at least scan the "Minute Men of American Medicine" referred to on page 120.

TWO MEDICO-LEGAL ITEMS: I. ON CORPORATE PRACTICE OF MEDICINE. II. ON CITIZENSHIP AS A CONDITION PRECEDENT TO MEDICAL LICENSURE

A Judgment of the California Supreme Court.* Reference is again made to a decision of the Supreme Court of California given on an appeal from a judgment of the Superior Court for the City and County of San Francisco, that concerns the right of a corporation to engage in the practice of medicine. The case was one of issue between the Board of Medical Examiners of the State of California and the "Pacific Health Corporation," an organization operating for profit and which offered for sale contracts whereby purchasers would receive medical service at its expense, from its own limited panel of physicians. Its contentions as submitted to the Supreme Court could be stated thus:

The defendant corporation admitted that a corporation may not lawfully engage in the practice of medicine, but contended that it did not undertake to perform medical services, only to furnish competent physicians; that the contracts did not contemplate that services were to be performed at the offices of the corporation, but elsewhere, and that the physicians were not employed by the corporation on a salary basis nor directed by the corporation, but were compensated for actual services after they had been rendered. The corporation's theory was that the physicians were independent contractors and that this fact absolved it of the charge of practicing medicine.

However, the Supreme Court took a different point of view of the matter, holding that technical distinctions, whereby corporate medical practice could be denied, do not abrogate the intent of a California statute; the court emphasizing the fact that plans wherein loyalty due to the patient could be divided between patient and the corporation, and wherein real freedom of choice of physician was not possible, were undesirable and unlawful.

* * *

Pleas Concerning Group Medicine.—Of special interest were the pleas of the corporation on the subject of group medicine and health insurance, intended to give its own work the same status as that of fraternal and other benevolent associations existing to furnish service to their members. Here the Supreme Court pointed out that, in the latter type of medical service organizations, the participating members are a limited group having special affiliations; the medical service rendered to them not being designed to make profits for a corporation's stockholders.

In commenting on the corporation's emphasis on certain social service trends of the present day, the court went further, indicating that the controversial discussion of medical needs gives no warrant in law to nullify California laws which were brought into being to prevent the practice of medicine by a corporation. Until such time as other statutes are enacted, existing statutes remain in force. It also may be inferred, from the court's observations, that it should be possible to furnish adequate medical service to citizens—in manner to protect both the public and the profession—without resorting to the practice of medicine by a corporation.

In several counties in California, this judgment of the Supreme Court of California should have special interest.

* * *

Texas Case Concerning Citizenship as a Requirement for License to Practice Medicine.—Turning to the State of Texas, and its 53rd Judicial District, in Travis County, we find put forward as an issue, the constitutionality of citizenship requirements in relation to the medical practice act of Texas. Comments here given refer to a brief prepared for the State Medical Association of Texas by its legal representatives in the case of *Manuel Garcia-Godoy* (plaintiff) vs. *Texas State Board of Medical Examiners*. The plaintiff's contentions included claims (1) that even though the plaintiff was not a citizen of the United States, he had been deprived of a "valuable property right"; and (2) that the law enacted by the Texas Legislature, prescribing citizenship as a prerequisite to medical licensure, is void.

* Case reported is that of *People ex. rel. State Board of Medical Examiners* vs. *Pacific Health Corporation, Inc.* (Calif.), 82 P. (2d) 429; 59 S. Ct. 463.

For other comment on this case, see CALIFORNIA AND WESTERN MEDICINE, October, 1938, on page 306, and November, 1938, on page 416 (discussion by Hartley F. Peart, Esq.).

Excerpts from the Brief Filed by the Attorneys Representing the State Medical Association of Texas.—Some excerpts from the brief filed on behalf of the State Medical Association of Texas are worthy of thought by members of the medical profession of California, and especially so, since the California Legislature in 1939 enacted a similar act, which failed to become a law owing to a veto by Governor Culbert L. Olson.

The legal counsel of the State Medical Association of Texas included in their brief, in which many authorities were cited, illuminating statements such as follows:

We think it well to point out in the beginning that the practice of medicine is not an inalienable or vested right inherent in any person, and that the State, in the proper exercise of its police power, may grant or withhold the privilege of practicing medicine. . . .

The practice of medicine, of course, affects the lives and well-being of the citizenry, and is subject to regulation by the State under its police power. . . .

The Texas Legislature has prescribed citizenship as a prerequisite to medical licensure, and it becomes important to determine several important questions as a preface to the discussion of the various facts bearing upon the reasonableness of the classification so attempted. . . .

The burden of proving that any statute is unconstitutional by reason of an arbitrary or unreasonable classification rests upon the party asserting such invalidity.

* * *

The foregoing language was by the Supreme Court of Texas. In commenting thereon, the Supreme Court of the United States said:

There is a strong presumption that a legislature understands and correctly appreciates the needs of its own people, that its laws are directed to problems made manifest by experience, and that its discriminations are based upon adequate grounds. . . . If one entertained the view that the act might as well have been extended to other classes of employment, this would not amount to a constitutional objection. . . .

The burden being upon him who attacks a law for unconstitutionality, the courts need not be ingenious in searching for grounds of distinction to sustain a classification that may be subjected to criticism. . . .

* * *

Finally, therefore, we reach the question of whether, in the instant case, the legislative requirement of citizenship as a prerequisite to medical licensure in Texas may be sustained. We have dealt at unusual length with the general rules applicable to the proper construction of statutes attacked because of alleged unconstitutionality, for we have been unable through diligent research to discover any case in which this exact question has been presented. So far as we have been able to determine, this question is one of first impression in the courts of the United States. . . .

The power of the State to prescribe citizenship as a requirement for admission to the bar, and thus close the door to this profession to aliens, has never been denied. This is a privilege, and not a right; and the power which grants the privilege can deny it to aliens.

* * *

In discussing such restraints imposed upon the practice of law, the Supreme Court of Michigan, in *People* vs. *Phippin*, 37 N. W. 888, said:

There is no good reason why restraints should not be placed upon the practice of medicine as well as the law. The public are more directly interested in this than in the practice of law; and persons who engage in this profession require a special education qualifying them to practice. A great majority of the public know little of the anatomy of the human system, or of the nature of the ills that human flesh is heir to; and there is no profession, no occupation, or calling, where people may more easily or readily be imposed upon by charlatans. It is almost an every-day experience that people afflicted with disease will purchase and swallow all sorts of nostrums, because some quack has recommended it.

Let it not be supposed that the practice of medicine is in any way a vested right. In addition to the authorities cited and quoted in the first portion of this brief, we desire to quote others, and, at the same time, to point out that there is a valid and substantial distinction to be made between the pursuit of the ordinary callings of life and those which require special training and knowledge. . . .

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 127.

EDITORIAL COMMENT†

TOXIN ALLERGY

The systematic attempts now being made in certain German laboratories to "debunk" the classical Ehrlich theory of immunity have already led to results of clinical interest. This is particularly true of the evidence recently reported by Schlossberger and his co-workers [1] of Berlin, which tends to show that animals can be immunized against bacterial toxins without passing through a preliminary stage of toxin hypersensitivity. This is not only contrary to the basic Ehrlich postulate, but will tend to remove some of the classical fears of vaccine therapy.

It was noted by Behring [2] and his co-workers nearly fifty years ago that in the attempted immunization of laboratory animals against tetanus toxin an appreciable number of the partially immunized animals died as a result of an injection of a fractional lethal dose of homologous toxin. Certain of their partially immunized guinea pigs, for example, were killed by the injection of 1/400 MLD tetanus toxin.

The Ehrlich theory postulates the existence of preformed specific "receptors" for tetanus toxin in the fixed tissue cells. An initial proliferation of these hypothetical "cell receptors" during the early stages of immunization would logically increase the toxin affinity or toxin susceptibility of vital tissues. It would not be till desquamation of supernumary "receptors" had taken place in the blood stream that this underlying tissue hypersensitivity would be masked by an adequate titer of circulating antitoxin. The paradoxical phenomenon reported by Behring and his co-workers, therefore, was predictable from the Ehrlich postulate. The relatively few guinea pigs showing this paradox were taken as conclusive evidence that toxin immunity cannot be produced without the production

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

1 Hiroki, Hikokiti: Ztschr. f. Immunitätsforsch., 96:37 (June), 1939.

2 Von Behring, E., Deutche. med. Wchnschr., 19:000, 1893.

of a potentially lethal tissue hypersensitivity. Attempts to show that the Behring "paradox" was a "summative phenomenon" due to cumulative tissue injury from previous toxin injections were unsuccessful. In some of the reported experiments the sum of all previous doses of tetanus toxin was less than a single MLD for a normal guinea pig.

In spite of the fact that many investigators failed to confirm the Behring paradox, the Ehrlich interpretation of this phenomenon became a generally accepted dogma in practical immunology. It was apparently self-evident that immunization of patients by multiple injections with bacterial toxins was clinically dangerous.

In order to attack this clinical dogma, the German investigators repeated the original Behring experiments with a sufficiently large number of animals and toxins to be statistically conclusive. Groups of guinea pigs of equal weight, size, and age were injected subcutaneously with multiple doses of diphtheria tetanus, dysentery toxin, or snake venom, the size of the dose being doubled with each subsequent injection, until a lethal reaction was produced.

Out of all of his series, only three guinea pigs gave quasi-Behring reactions. One guinea pig, for example, died twenty-four hours after the first injection of about 1/1000 MLD dysentery toxin. In all three of these atypical cases necropsy showed atypical histologic changes, from which it was concluded that the deaths could not be solely attributed to the toxin injected. All other animals of the series exhibited no toxic symptoms till the daily dose was increased to at least one MLD. Two MLD was the approximate average lethal dose for these partially immunized animals. An appreciable immunity, therefore, was developed in each series, with no suggestion of an acquired toxin hypersusceptibility.

Of even greater clinical interest is the series injected with nontoxic diphtheria toxoid. After the eighteenth injection—that is, at the height of the predictable Ehrlich hypersensitivity—the entire series was divided into subgroups, and tested with unit and subunit doses of active diphtheria toxin. None of the animals tested with less than one MLD died of the active toxin. There was, therefore, no demonstrable toxin hypersusceptibility. All animals injected with one MLD survived the test, showing an appreciable immunity. In most cases at least two MLD were necessary to cause death.

Hiroki's general conclusion from his data is that a toxin hypersensitivity is not a necessary concomitant of an acquired antitoxic immunity. He believes that Behring's much published "paradox" was due to experimental or statistical errors, presumably to a few unsuspected subnormal or virus-infected animals which died of other causes during the course of his immunization, or to mistakes of his technicians in making toxin dilutions. Hiroki concludes from his data that an acquired humoral immunity is invariably accompanied by an underlying acquired tissue immunity, and not by the "mythological" tissue hypersusceptibility deduced from the Ehrlich theory. Errors in the Ehrlich theory, of course, have long been recognized by American immunologists.[3]

P. O. Box 51.

W. H. MANWARING,
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RECENT DEVELOPMENTS IN THE BACTERIOLOGY AND TREATMENT OF URINARY INFECTIONS

Interest in the bacteriology and treatment of urinary infections has increased greatly in the past few years. Knowledge of the effects upon urinary infections of the reaction of urine, of metabolic products as beta-hydroxybutyric acid, and chemicals, as mandelic acid and sulfanilamide, have opened new fields for treatment. The fact that various bacteria are affected to different degrees by the same therapeutic agent, and that new chemicals are constantly being introduced, make it important to keep abreast of new findings.

The pathogenicity of various urinary infectants was investigated by Goldstein in 1938. He injected cultures of Streptococcus fecalis, Staphylococcus aureus, and Micrococcus into rabbits. Streptococcus fecalis produced lesions in 37 per cent of nineteen rabbits, pathologically mostly pyelitis, and a larger dose was required than in the case of Staphylococcus aureus, which caused renal lesions in 73 per cent of eleven rabbits. Micrococcus produced no lesions in the fourteen animals into which it was injected, and the urine remained normal in contrast to that of the animals injected with the other organisms.

Recently, Schulte introduced several new methods of studying the bacteriology of the urinary tract. He reported (1) the use of a new medium containing urea for the determination of urea-splitting organisms; (2) and a presumptive test for coagulase, which differentiates virulent mass-forming Gram-positive cocci from nonvirulent; the virulent Staphylococci were shown to coagulate human or horse plasma, while Micrococci did not exhibit this property; and (3) he determined the specific virulence of organisms by animal injections, including urea-splitters as Staphylococcus and Proteus.

The history of chemotherapy of urinary infections has shown rapid strides since Shohl and Janney in 1917 proved the value of acidification in destroying the commoner bacilli infecting the urinary tract. The use of mandelic acid for urinary infections, following the reports of Rosenheim in 1935, almost revolutionized the chemotherapeutic armamentarium of the urologist. Results obtained with this drug far exceeded those previously reported. However, where a low p^H could not be secured, or when there was not an adequate renal function to produce the needed concentration of mandelic acid or degree of acidity, the drug would not act bactericidally.

[3] Jordan, E. O., and Falk, I. S.: "Newer Knowledge of Bacteriology and Immunology," Chap. 81, p. 1078, University of Chicago Press, 1928.

The need, therefore, was for a drug which would act in an alkaline urine and not require the renal function necessary with the previously used drugs. At this point, in 1937, sulfanilamide began coming into use, in this country, for Streptococcal infections. Helmholz investigated its use as a urinary antiseptic and found that it created a bactericidal urine which acted against most of the common urinary invaders.

Following this experiment, it was found by Buchtel and Cook that sulfanilamide was more bactericidal for bacillary than for coccal infections, especially the Streptococcus fecalis. They also showed that the drug was excreted by the prostate, but in lower concentration than in the urine.

More recently, Cook used neoprontosil soluble orally in urinary infections, and found fewer reactions than with sulfanilamide. As with mandelic acid and sulfanilamide, neoprontosil soluble was found of most value in uncomplicated cases caused by the usual Gram-negative bacilli, the beta hemolytic Streptococci, or some of the Micrococci.

At present sulfapyridine is another drug which is being tested widely for its efficacy in urinary tract infections, and its value should be known shortly. Other drugs will undoubtedly be offered the medical profession in the near future, but none should be accepted until careful investigation has proved its worth.

1911 Wilshire Boulevard.

HARRY A. ZIDE,
Los Angeles.

DIFFERENTIAL COUNT FOR SPERMATOZOA

There has been a great deal of interest shown lately in the differential count of spermatozoa. The following method of staining is quite satisfactory and not at all complicated:

The semen should be diluted with ten parts of Ringer's solution with 0.5 per cent chloramin added, and centrifuged strongly for twenty minutes or more; the supernatant liquid poured off, and the sediment spread on a slide as for a blood smear. (The fresh specimen should be examined microscopically before making the smear, and the smear should be made thick or thin, according to the density of the sperm population.)[1]

The smear is then dried, fixed in methyl alcohol and washed with distilled water.

Stain with Sterling's gentian violet, one per cent, one-half to one minute. (Williams uses gentian violet, one-fourth of one per cent, for four or five minutes.)[2]

Wash in distilled water.

Place in Gram's iodin one minute.

Decolorize in alcohol, 80 per cent, acetone, 20 per cent, not over one-half minute.

Counterstain ten to thirty seconds with rose bengal.

Wash in distilled water.

Dry and examine with the 1/12 (oil).

If a permanent smear is desired, mount with balsam and cover slip.

This stain is a modification of that given by W. W. Williams.[3]

Hotchkiss'[4] method of staining, though more complicated, is better for permanent smears.

Moench's[5] stain is very satisfactory, but chloramin is better than chlorozene for removing mucus.

A fresh wet specimen should be studied, both with the H. D. F. and oil, and compared with the findings of the stained smear for proper evaluation.

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USES AND ABUSES OF PITUITARY EXTRACT DURING LABOR

There is no question that posterior pituitary preparations have been woefully misused in the conduct of obstetric cases. They have been given indiscriminately in the first and second stages of labor to increase the intensity of uterine action, and to speed up the normal processes. DeLee, and others, feel that the injudicious and indiscriminate use of the pituitary preparations is one of the major factors contributing to the persistently high maternal and fetal death rates in the United States.

Any oxytocic given, with or without proper indications, can kill both mother and baby. These oxytocic drugs are really never indicated in the first or second stages of labor. It is dangerous to interfere with the normal uterine motility.

Posterior pituitary extract used during labor initiates marked tetany of the uterus; as this tone diminishes, the uterine contractions increase in severity and frequency. This abnormal uterine action may result in interference with the placental circulation, resulting in fetal asphyxia, and even death. It may, likewise, result in interference with the uterine circulation and, subsequently, damage the uterine musculature.

Other uterine conditions which may result from injudicious use of pituitary extract are rupture of the uterus; laceration of the cervix with hemorrhage or infection; secondary atony of the uterus with thrombosis and embolism, and even cardiac death from sudden overexertion.

It is true that many doctors use small doses of pituitary extract during the second stage of labor and claim no untoward results. However, one never knows how an individual may react, and rather than take a chance with life the drug should be used only when indicated, and that is in the third stage of labor. Used judiciously and with the proper indications, the oxytocic drugs often prevent the occurrence of postpartum hemorrhage and the serious results that may be caused by it.

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ORIGINAL ARTICLES

SUMMARY OF THE PHARMACOLOGY OF SULFANILAMIDE AND RELATED COMPOUNDS*†

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AND
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THE new chemotherapeutic drugs, sulfanilamide, neoprontosil, and sulfapyridine, are among those of greatest general interest at present. In this paper, these compounds are compared in a summary of the important actions and uses, largely from the pharmacologic standpoint.

CHEMISTRY

The formulas for these three compounds are shown in Figure 1. From the simplest of them, sulfanilamide, many derivatives have been made by the introduction of side chains, or by substitutions through diazotization. Neoprontosil is a representative of this latter group, sulfapyridine of the former.

As a class, most of the derivatives which have been used clinically are less soluble than sulfanilamide, and most are presumed to act by decomposition into sulfanilamide in the body. Although neoprontosil probably acts by decomposition into sulfanilamide,[15] as indicated by the demonstration of sulfanilamide in the urine after its administration, and by the similarity of microörganisms affected, the same is not true for sulfapyridine. The latter drug acts against the same microörganisms, as does sulfanilamide, in many cases being more effective, but, in addition, it acts on several microörganisms which are not affected by sulfanilamide.

MODE OF ACTION

Many workers have sought to discover the mechanism by which these chemotherapeutic agents act; but, thus far, there has been little unanimity of opinion. The elucidation of the mode of action is extremely important, because of the probability that, through such knowledge, applications can be made to other conditions. Since bacteria are easily

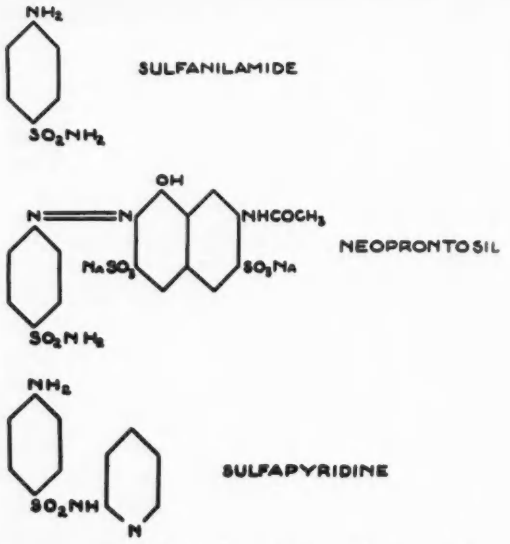

Fig. 1.—Chemical formulas of sulfonamide compounds.

cultivated and observed, there would appear to be more hope for a solution of this problem than in the similarly disputed problem of the mode of action of drugs in spirochetal and protozoal diseases.

The hypotheses advanced may be briefly stated as follows:

(a) *Action on the organism:* The drugs may act directly by inhibiting multiplication[1] (bacteriostasis) or killing the organisms (bacteriocidal action). These may be specific toxic actions, or such debilitating processes as destruction of capsules. A variant of these theories is that the bacteria change the drugs to a compound (by some thought to be anticatalase), which is then inimical to bacterial life.[2] Recent work[3] has shown that the bacteriostasis is accompanied by an elevated oxidation-reduction electrode potential, and is only effective so long as this is maintained.

(b) *Action on toxins:* The drugs may neutralize the toxins produced by the invaders.[4]

(c) *Action on host:* The drugs may stimulate the natural processes of resistance in the body by increasing opsonins, and so aiding phagocytosis; and by increasing the formation of specific antibodies.

(d) *Combined action:* The drugs may depress the bacteria by direct action to a point at which the natural forces of resistance are effective.

Where the truth lies is at present impossible to say.

BACTERIOLOGY

Sulfanilamide is generally effective against Group A Beta hemolytic streptococci, and many strains of meningococci and gonococci. It is also undoubtedly often effective against brucella, Ducrey and Welch infections, and against coli, aerobacter, proteus, and staphylococcic infections in the urinary tract. Action against other organisms is not as yet entirely convincing.

Neoprontosil is effective against these same organisms.

* From the Department of Pharmacology, Stanford University School of Medicine, San Francisco.
Read before the joint meeting of the Sections on General Medicine and General Surgery of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

† Since this paper was written, new information concerning certain points mentioned has become available.

It is by no means proved that sulfapyridine does not act by breakdown into sulfanilamide, or, in fact, that both may not be changed to a single active agent. Cyanosis has been produced in mice, and found to be due to sulfhemoglobin. In cyanosis in man, methemoglobin is partly if not entirely responsible for the color. In serious illness, where sulfanilamide is badly needed, the appearance of drug fever does not necessarily contraindicate further use of the drug. After a brief rest period it may be tried a second time, and may not again produce fever. Finally, the sodium salt of sulfapyridine may be given intravenously, as a 5 per cent solution in distilled water, in medical emergencies where the drug cannot be administered by mouth.

Note:—A third paper, "Sulfanilamide in Urologic Infections," by Bernard Silver, M. D., will appear in a future issue.

Sulfapyridine has been reported [5] to have most of the actions ascribed to sulfanilamide, but in addition to be particularly effective against pneumococci and staphylococci.

ABSORPTION

Sulfanilamide[6] is absorbed rapidly and completely from the gastro-intestinal tract, maximum concentration in the body being reached in an hour or two. Apparently, due to the large absorbing surface in the duodenum, the rate of absorption may actually be faster by this route than by subcutaneous injection. When it is impossible to administer the drug orally, however, isotonic solutions may be given subcutaneously, and small amounts may be given intraspinally, with a resultant locally effective concentration.

Sulfapyridine is comparatively insoluble in ordinary solvents. Neoprontosil and sulfapyridine are poorly absorbed from the alimentary canal, the peak concentration in the blood being two or more hours later than with sulfanilamide.[8] Both of these drugs have been thought to be less toxic than sulfanilamide, but it is probable that both actually have potential dangers which sulfanilamide does not have. When poorly absorbed, the resultant blood concentration is naturally lower, and toxic manifestations are less marked than with equivalent doses of sulfanilamide. Because of irregular absorption, however, the possibility remains that complete absorption of a large dose, by some unusual condition in the intestine, may result in unexpected blood concentrations and, hence, toxicity. There is no acceptable evidence that the same clinical response can be obtained with fewer symptoms after neoprontosil than sulfanilamide. Recently the soluble sodium salt of sulfapyridine has been prepared,[14] and has been given intravenously as an emergency measure in lobar pneumonia with both excellent results and complete control of absorption.

DISTRIBUTION

Sulfanilamide,[9] like alcohol and urea, is remarkable in being quickly distributed throughout all the fluids and tissues of the body in more or less equal concentration. Neoprontosil is less widely distributed through the tissues, little, for instance, appearing in the spinal fluid. Sulfapyridine[8] lies between the two, being somewhat less well distributed than sulfanilamide, which from this standpoint would appear to be the most desirable drug.

CONJUGATION

Both sulfanilamide and sulfapyridine are partially conjugated [7] to inactive acetyl derivatives in the body, the change probably being greater with sulfapyridine than with sulfanilamide. Little is known about conjugation of neoprontosil. However, the exact fate of these agents during the course of action in the body is still imperfectly understood.

CONCENTRATION

The concentration of sulfanilamide or sulfapyridine in body fluids may be easily determined by diazotization and coupling the diazotized compound to form a dye, which may then be compared colorimetrically with known standards.[10] Neoprontosil may be estimated directly from the red color, but the amount of effective sulfanilamide which has been formed from it cannot easily be determined. An adult dose of sulfanilamide of 0.1 gram per kilo, distributed throughout the day, will ordinarily result in a blood concentration of about 10 milligrams per cent, and a urine concentration of 50 to 100 milligrams per cent.

Very little is known about the optimal blood level in the treatment of clinical infections. Good therapeutic results have been described when the blood level has been 3 milligrams per cent and also 20 milligrams per cent. Possibly 10 milligrams per cent should be considered a desirable level until further evidence is brought forward. For investigative work it is essential that blood levels be followed. In general practice they are certainly desirable, especially when the drug seems to be ineffective, and the level may actually be low, or in renal damage, where the level may rise very high. Ordinarily, however, such estimations are not made, and therapy is not seriously hampered.

EXCRETION

Sulfanilamide [6] is rapidly excreted in the urine, very little remaining in the body twenty-four hours after a single average dose. The rapid absorption and excretion necessitate frequent administration of the drug to maintain an adequate concentration in the body. In practice, a four-hour interval between doses, night and day, has been found to produce a satisfactory plateau of concentration.

With impaired renal function, the excretion of sulfanilamide is hindered, and high concentrations in the body may result from ordinary dosage. Since this may be dangerous, care should be taken when the drug is given to such patients.

Sulfapyridine[8] is excreted somewhat more slowly than sulfanilamide, this fact, together with its slower absorption, making less frequent administration, and also possibly smaller dosage, satisfactory. It has been suggested that a six-hour interval is advisable.

Little is known about the quantitative elimination of neoprontosil.

TOXICITY

Many untoward reactions may follow the administration of sulfanilamide; and since some are extremely serious, the subject is very important. Although less is known about toxic manifestations after neoprontosil and sulfapyridine,[10] they appear to be similar to those after sulfanilamide and to be no less frequent when comparably effective doses are used.

Toxic reactions may be divided into two types: (1) Those of overdosage, and (2) those of idiosyncrasy. The manifestations of overdosage are usually similar in man and in experimental animals, and, although they may vary greatly from individual to individual, the symptoms always appear when the individual tolerance is reached.

The reactions from idiosyncrasy are infrequent, unpredictable, bear no relation to dose, and have little counterpart in experimental animals.

Effects of Overdosage.—The commonest disability from the administration of sulfanilamide is that from nausea and dizziness. These symptoms are no contraindication to the use of the drugs in hospitalized patients, but may make the use impossible or unsafe in ambulatory patients, particularly in those who must drive cars.

Acidosis is an infrequent toxic manifestation which is easily controlled by accompanying each dose of sulfanilamide with an equal dose of sodium bicarbonate.

Rashes are common, and bear some relation to exposure to sunlight. The formation of porphyrin has been suggested. If rashes are severe, despite avoidance of sunlight, the drug should be discontinued.

Cyanosis is probably the most disputed toxic manifestation. Different investigators have considered sulfhemoglobin,[11] methemoglobin,[12] and pigment derivatives[13] from the drug as possible causes. Cyanosis has not been satisfactorily produced in experimental mammals, but in birds it is easily produced, and is definitely due to methemoglobin. Certain workers[11] have reported the disappearance of the cyanosis, which they thought was due to methemoglobin, after the administration of methylene blue.

In general, it may be said that, whatever the cause, the cyanosis is rarely accompanied by air hunger or other disabilities which alarm one to the extent of either discontinuing the drug or making use of radical measures to combat the cyanosis.

Effects of Idiosyncrasy.—Agranulocytosis, hemolytic anemia, and acute hepatitis have followed the use of sulfanilamide in human beings. These side actions are extremely serious toxic manifestations and considerably temper one's enthusiasm for unlimited use of the drug. Therapy should be stopped at the first sign or evidence of any of these conditions, although they all tend to run their natural course in spite of withdrawal of the drug. Agranulocytosis may be fatal, but hemolytic anemia is rarely so, the response to transfusions being excellent. Too few cases of hepatitis have been observed to allow prognostication. Fever, undoubtedly due to the drug, is occasionally seen. While in itself it may not be dangerous, it is always an indication to stop the drug, as it frequently precedes a serious idiosyncrasy.

ADMINISTRATION

In urgent conditions, sulfanilamide should be given in an initial dose (adult) of 5 to 7 grams (roughly 0.1 gram per kilo of body weight), in order to achieve a desirable therapeutic level, and continued in doses of about one gram every four hours. Therapy should be continued for several days after the evidences of infection have disappeared. In less urgent conditions, 0.5 to 1.0 gram is given every four hours, without a large initial dose. Where necessary, equivalent amounts of an 0.8 per cent solution in physiologic saline solution may be given subcutaneously.

Neoprontosil is given by mouth, one gram every four hours, or as a 2.5 per cent solution (formerly prontosil soluble), 10 to 40 cubic centimeters every four hours. The psychotherapeutic value of the injection of a vivid red solution would seem to be only infrequently necessary.

Sulfapyridine is given by mouth in an initial dose of 2 grams, and from 1.0 to 2.0 grams every six hours thereafter.

INDICATIONS

The philosophy of the use of dangerous drugs has various interpretations. Just as the arsphenamins carry a definite hazard, yet are generally considered worth the risk in syphilis, so also the sulfanilamide compounds, which also present considerable risk, are, nevertheless, acceptable in the therapy of certain diseases.

In serious diseases, where life is endangered and the microörganisms are susceptible, few physicians would refrain from using the drugs. Thus, in streptococcic or meningococcic meningitis and in puerperal sepsis, there should be no hesitation in using what may be a life-saving measure.

In mild conditions, where recovery is expected to be rapid and complete, it would seem inadvisable to use any of the sulfanilamide compounds. Thus, in simple sore throat, which may be both benign and of nondescript bacteriology, the exhibition of these drugs is to court trouble.

It is in the milder diseases with serious potentialities, such as scarlet fever, gonorrhea, trachoma, and urinary tract infections, that the decision is difficult. Where such patients can be hospitalized, frequent blood counts made, and facilities for transfusion or other therapeutic measures are available, the risk is minimized. Treatment in the home, or of ambulatory patients, must remain the difficult decision of the attending physician.

SUMMARY

Of the recently introduced chemotherapeutic drugs belonging to the sulfonamide group, sulfanilamide has the definite advantages of having been investigated most extensively, both experimentally and clinically, of being absorbed regularly and completely, and of penetrating most thoroughly throughout the body. This makes it the drug of choice, except against pneumococcus and staphylococcus infections, where sulfapyridine appears to be superior.

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EFFECTIVE SULFANILAMIDE DOSAGE: THE VALUE OF QUANTITATIVE SULFANILAMIDE DETERMINATIONS*

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SULFANILAMIDE has been the subject of more discussion and more investigation since its introduction in this country in 1937 than any drug of recent origin. Many articles have appeared regarding diseases in which it was successful and conditions in which it has failed, and many reports of toxic effects have been printed. However, less has been said regarding dosage.

In an early American article [1] it is suggested that one gram (fifteen grains) per twenty pounds of body weight per day is adequate dosage. Subsequent suggestions regarding dosage were made on the basis of body weight, it being recognized that children require proportionately larger doses than adults. Long, Bliss, and Feinstone [2] published tables giving dosage by weight in severe and moderate infections. The dosage they suggest for use in severe infections they believe will usually provide a blood concentration of 10 to 15 milligrams per 100 cubic centimeters, and indicate smaller dosages for moderate infections in which 5 to 10 milligram levels should be maintained. However, Stewart, Rourke, and Allen [3] observed that there was considerable variation in the level of the sulfanilamide concentration in the blood of different individuals receiving the same proportionate doses. It has been our experience that *not only does the effective blood concentration of sulfanilamide vary with the severity of the disease, but also that it varies with the type of the disease.* Because of the variability of blood concentrations in different individuals, we feel that the dosage cannot be arbitrarily set at a given number of grains per pound of body weight, but *dosage must be individualized and controlled by frequent quantitative blood determinations.* This may be done if three factors are considered: The method of administration of the drug, the efficiency of the kidney in excreting it, and the effective blood concentration in various diseases.

In our cases we determine only free sulfanilamide concentration in the blood, since the conjugated form is therapeutically inactive.[4]

METHOD OF ADMINISTRATION

Sulfanilamide may be given orally, in tablet form, or in a one per cent solution in normal saline, either subcutaneously or intravenously. Regardless of the method, the first day's dose is administered on the basis of 15 grains per twenty pounds of body weight in twenty-four hours. Orally, one-third to one-half the total twenty-four-hour dose is given as an initial dose; subsequently a full twenty-four-hour dosage is given in divided portions at four-hour intervals. A quantitative sulfanilamide determination of the blood should be done after twenty-four hours to see if the desired concentration has been obtained. Blood for quantitative determination should be taken four hours following the last oral dose, as absorption is maximum at this time. After the first quantitative test subsequent dosage varies with the blood concentration, which should be determined every day.

Many patients require very large doses, others require smaller amounts than average. *The correct dose is the dose that cures the patient.* We have found it easier in the treatment of infants to use the one per cent solution, diluted in milk or Karo water, than to powder the tablets.

When given subcutaneously we have found that an eight-hour interval between doses gives a more constant blood level than a twelve-hour interval. The rate of absorption is approximately the same for subcutaneous and oral administration.

Chart 1 shows the hourly concentrations done in two patients, one of whom received a large single dose subcutaneously, the other divided doses orally at three-hour intervals. It will be noted that following each oral dose the curve parallels the subcutaneous curve, and that the rate of absorption is appproximately the same, although the concentration rose to a higher level in the patient treated subcutaneously because of the larger initial dose.

Subcutaneous administration is preferred to oral in comatose patients and in patients who vomit.

* From the Department of Communicable Diseases, Los Angeles County General Hospital, Los Angeles.

Read before the Section on Pediatrics of the California Medical Association at the sixty-eighth annual session, Del Monte, May 1–4, 1939.

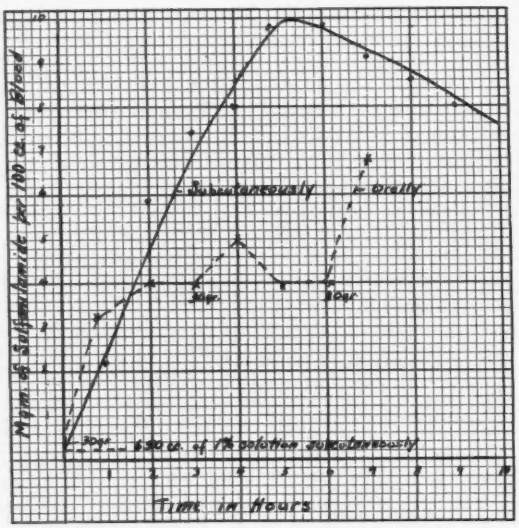

Chart 1

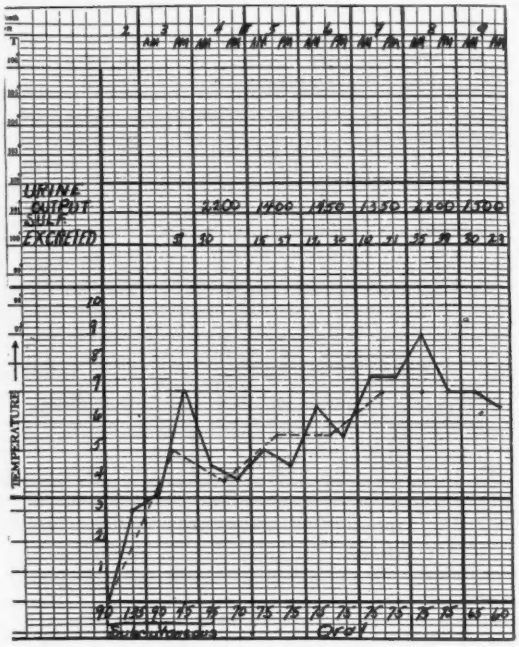

Chart 2

Ordinarily there is little need for intravenous administration of sulfanilamide since it is so rapidly absorbed by the oral or subcutaneous route, and so rapidly excreted when given by vein. We do not give sulfanilamide intraspinally, as it has been shown that when given orally or subcutaneously the spinal fluid concentration approximates that of the blood.[4]

Chart 2 compares the concentration of sulfanilamide in the blood and spinal fluid in a patient receiving the drug by subcutaneous and oral routes.

It may be noted that the spinal fluid concentration lags just behind the blood, both when the curve is increasing and diminishing.

EFFICIENCY OF THE KIDNEY IN EXCRETING SULFANILAMIDE

Sulfanilamide is excreted in free and combined form by the kidneys. Two or three days are sometimes necessary before an equilibrium is established between the rate of absorption and the rate of excretion. During this time frequent quantitative sulfanilamide determinations are indicated to insure adequate dosage. Diuresis increases the rate of excretion, and consequently it is inadvisable to force fluids if a high blood concentration is desired. To secure the desired concentration of the drug it may be necessary to restrict the fluid intake. Patients with kidney damage excrete the drug more slowly than those with normal kidney function, and require smaller doses to maintain an adequate blood concentration.

EFFECTIVE BLOOD CONCENTRATIONS IN VARIOUS DISEASES

Erysipelas.—Approximately two hundred cases of erysipelas have been treated with sulfanilamide in the Los Angeles County General Hospital. The average blood concentration of sulfanilamide in a sample group of fifty of these cases was 5 milligrams per 100 cubic centimeters of blood. The days in the hospital were reduced from an average stay of twelve before sulfanilamide to six, and the death rate from 5 to 2 per cent.

Scarlet Fever.—The death rate for scarlet fever in California has been almost negligible, but prior to sulfanilamide and convalescent human serum, the complication rate was in the neighborhood of 43 per cent. In a series exceeding two hundred cases treated with sulfanilamide, the complication rate was reduced to 10 per cent.[5] In fifty of these cases the average blood concentration was 5 milligrams per 100 cubic centimeters. Patients with scarlet fever, complicated by otitis media, mastoiditis and cervical adenitis, require higher concentrations, and we have set this empirically at 10 milligrams per 100 cubic centimeters.

Undulant Fever was very resistant to treatment before sulfanilamide was used, but of ten cases, nine have responded to sulfanilamide with clinical cures. Four of these had quantitative levels of 10 milligrams, in four no determinations were made, and one (Chart 3) required higher concentration.

Urinary Infections, except *Streptococcus fecalis,* respond satisfactorily to blood concentrations of 3 to 4 milligrams.[6]

Gonorrheal Urethritis.—Over 50 per cent of patients with gonorrheal urethritis are cured if a blood concentration of 15 milligrams per 100 cubic centimeters is maintained.[7]

Gonorrheal Vaginitis is more resistant to sulfanilamide than gonorrheal urethritis, but somewhat less than one-half of our patients have responded with blood concentrations of 15 milligrams or over.

Gonorrheal Ophthalmia responds quickly to sulfanilamide.[8] We recommend a blood concentration of 10 milligrams per 100 cubic centimeters.

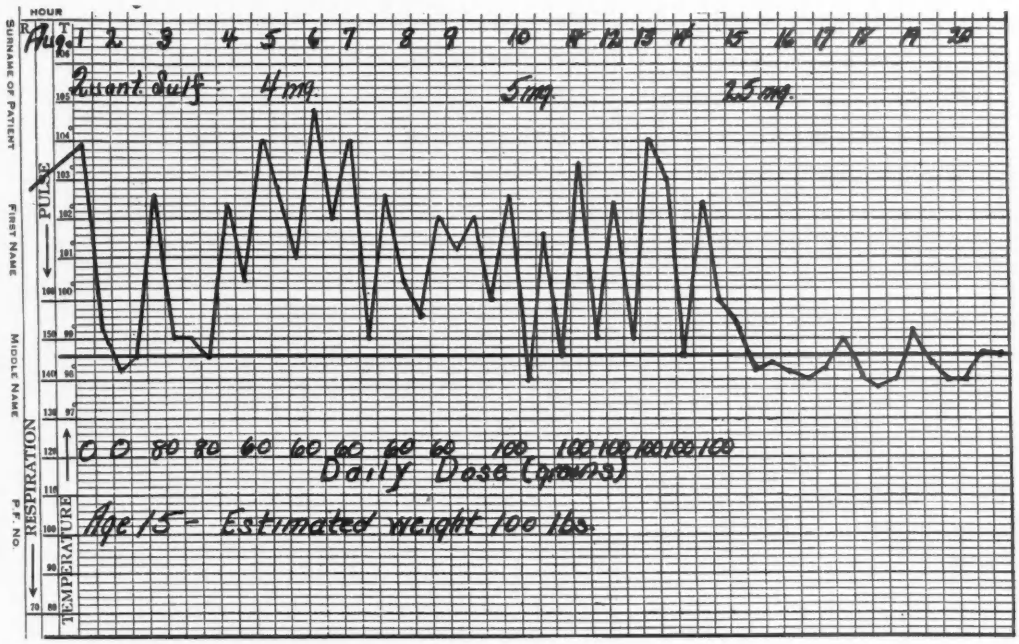

Chart 3

The eyes must be kept free from pus by frequent irrigation.

Epidemic Meningitis is treated almost exclusively with sulfanilamide alone. Many cases recover with low concentrations; but because of the severity of the disease, we attempt to maintain a concentration of 10 milligrams.

Streptococcic Meningitis.—We have treated only five cases. One patient died before we were doing routine quantitative determinations. Four recovered, the average blood quantitative level being 10 milligrams per 100 cubic centimeters.

Disease	*Blood Concentration* (Mgms. per 100 cc. blood)
Erysipelas	5.0
Scarlet fever (uncomplicated)	5.0
Scarlet fever (complicated)	10.0
Undulant fever	10.0
Urinary infections	3.0 to 4.0
Gonorrheal urethritis	15.0
Gonorrheal vaginitis	15.0
Gonorrheal ophthalmia	10.0
Epidemic meningitis	10.0
Streptococcic meningitis	10.0

Failure in sulfanilamide therapy is frequently encountered, but it is our opinion that the drug should not be discarded in any disease in which it has been proved of value until a satisfactory blood level has been obtained.

Chart 3 is the record of a patient with undulant fever who was given the usual dosage of sulfanilamide. On the third day the quantitative blood level was 4 milligrams per 100 cubic centimeters of blood and on the seventh day, 5 milligrams. The fever continued to oscillate, dosage was increased, the quantitative sulfanilamide rose to 25 milligrams. Twelve days later the temperature dropped to normal and remained within normal limits. Sulfanilamide was discontinued on this day by mistake, but there was no relapse.

CONCLUSIONS

1. The dose of sulfanilamide is the dose that cures the patient.

2. The index to the correct dose is the sulfanilamide concentration in the blood stream.

3. The desirable sulfanilamide concentration and, consequently, the dosage, varies with the type and severity of the disease.

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ACUTE SUPPURATIVE PERICARDITIS*

WITH AN INITIAL LEUKEMOID BLOOD PICTURE

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IT is of interest to note that Galen first observed pericarditis in animals in 131-201 A. D. It was not until 1649, however, that Riolan first advocated pericardiotomy by trephining the sternum. The first successful pericardiotomy was performed by Laennec in 1819. Then, in 1844, Hilsman was the first to perform pericardiotomy for suppurative pericarditis. Many others discussed the various aspects of pericarditis up to that time, and since then still others have worked out the finer points in pathology, diagnosis, and treatment.

The case we are about to report was trying and puzzling from the beginning. The important symptoms, on the patient's entrance to Monterey County Hospital at Salinas, were fever, pain, and swelling in the right neck. For one so sick, as you will soon see, together with the fact that this swelling subsided without treatment in thirty-six hours, we were misled at first completely. The blood count showed a mild secondary anemia, with a low leukocytosis, *i. e.,* 10,500, with 5 per cent myeloblasts and myelocytes. There were a great many nucleated red cells and many polychromatophylic red cells. This type of white count continued for one month. Again we were puzzled to know whether this was an aleukemic phase of myelogenous leukemia. As Krumbhaar states, "The recognition of many acute cases which have only a mild leukocytosis, or even a leukopenia, coupled with fever and some localized signs of infection, may make immediate diagnosis a difficult or impossible feat." One may refer here to the number of conditions that give a leukemoid blood picture, *i. e.,* (1) measles and pertussis; (2) acute infectious lymphocytosis; (3) acute infections with hemorrhage; (4) terminal septicemia with myeloid leukemia; (5) bone-marrow intoxication, with terminal blood picture; (6) agranulocytosis, like acute leukemia; and (7) myeloma, resembling acute leukemia. Two cases were given with terminal leukemic pictures, and at autopsy they could not be distinguished from acute leukemia and acute gastrocolitis and Banti's disease, respectively.

REPORT OF CASE

This patient, a young American male, was admitted, walking to the Monterey County Hospital, on the morning of May 20, 1937. He was twenty-four years of age, weighed 170 pounds and was about twenty pounds under his normal weight. His chief complaint was a painful swelling on the right side of the neck, and he stated he had had a sore throat for about twenty-four hours before coming to the hospital.

Family History.—Native American stock from Oklahoma, otherwise not remarkable.

Past History.—The usual childhood diseases, but other ailments were not remembered. These are irrelevant to his present illness.

Present Illness.—He became acutely ill about a month prior to his admission to the hospital, suffering from severe pains in his throat and chest, and a shortness of breath, with moderately productive cough. He states that he remained in bed for about ten days, after which he would get up and walk about his room, but had to return shortly to bed as he tired easily. His throat became sore a few days before coming to the hospital, and the swelling came on in his neck one day before.

Physical Examination.—Temperature, 100; pulse, 100; respiration, 20. Patient appeared acutely ill. *Skin:* moist and slightly cyanotic. *Eyes:* pupils equal and active to light and accommodations. *Eye grounds:* normal. *Mouth:* oral hygiene poor, with moderate gingivitis and pyorrhea, along with many cavities in the teeth. *Throat:* mucous membrane injected, edematous, and slightly cyanotic. *Tonsils:* large and cryptic. *Neck:* soft and somewhat rubbery, slightly edematous, and tender swelling over the right anterior and posterior triangles. Few small, palpable anterior cervical lymph nodes. *Thyroid:* normal. *Heart:* A. C. D. widened to the anterior axillary line on the left. P. M. I., faint in the fifth left interspace, 17 centimeters from M. S. L. The right border is 4 centimeters from M. S. L. The aortic dullness is 8 centimeters. *Heart sounds:* distant, no murmurs or thrills; rate regular, 100 to 126. A 2 greater than P 2. Blood pressure: 100/60. *Lungs:* the voice sounds and breath sounds are increased over the anterior upper chest. A pleural rub is present on the right above the third rib. *Breath sounds* and *voice sounds* are bronchial over both uppers posteriorly. Tactile fremitus is decreased in the posterior mid-right, and flat at the right base. The percussion note is also flat on the left posterior below the spine of the scapula. *Abdomen:* soft, spleen not palpable, but liver is 6 centimeters below the costal margin, and to the fourth rib above. No masses, fluid or tenderness made out. *Genitals:* normal. *Rectal:* negative. *Prostate:* normal. *Extremities:* muscularity good, no clubbing of the fingers, but slight cyanosis on the tips of the fingers and toes. *Neurological:* cranial nerves all normal. *Reflexes:* upper and lower extremities normal. Romberg, Kernig, and Brudzinski, all negative.

Laboratory Reports.—Urinalysis showed a normal specific gravity with a trace of albumen, and an occasional white blood cell and red blood cell with a rare granular cast. This continued throughout his hospitalization.

Blood.—The first count showed: Hemoglobin, 88 per cent; red blood cells, 4,140,000; white blood cells, 10,600; polymorphonuclears, 68 per cent; lymphocytes, 27 per cent; eosinophils, 1 per cent; myeloblasts and myelocytes, 4 per cent; smears showed many basophilic red blood cells, no stipling, many nucleated red blood cells. The myeloblasts and myelocytes disappeared by June 30, 1937. A secondary anemia developed by August 11, 1937, *i. e.,* hemoglobin, 44 per cent; red blood cells, 2,450,000. The white blood cells fluctuated between 11,000 and 13,000. With the above anemia it reached 8,200 with an essentially equal differential. The patient's blood count following therapy gradually rose to normal by November 19, 1937.

E. K. G.—Auricular rate, 130; ventricular, 130; P. R. 0.12; Q. R. S. 0.06; normal axis deviation. *Sinus,* regular rhythm. Inverted T, one and two. T 3, diaphasic; T 4, upright and slightly high take-off. Complexes in almost iso-electric. All other complexes low.

Sputum.—May 24, 1937. Tubercle bacilli, none. Many Gram-positive cocci in pairs and masses.

Bacteriology.—Blood cultures were always negative. The pericardial fluid, on May 25, 1937, was serosanguineous and contained many pus cells. This showed, on culture, hemolytic Staphylococcus aureus. One week later the findings were the same. On June 5, 1937, showed a clear sterile fluid. On June 23, 1937, left pleural fluid was cloudy but sterile. This became purulent with many pus cells on August 5, 1937, and a culture of hemolytic Staphylococcus aureus. With treatment this became sterile six weeks later.

X-ray showed, on May 23, 1937, a massive pericardial effusion and a resolving pneumonia of the right lower

* From the Department of Medicine (cardiology) and Surgery (chest surgery) of the Monterey County Hospital, Salinas.

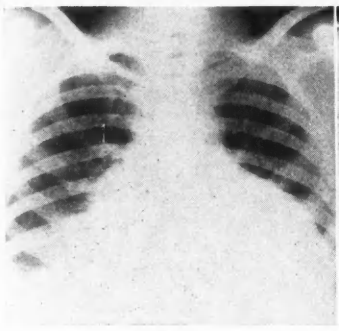

Fig. 1

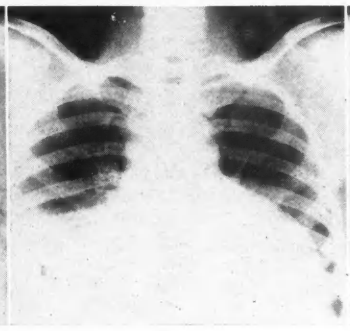

Fig. 2

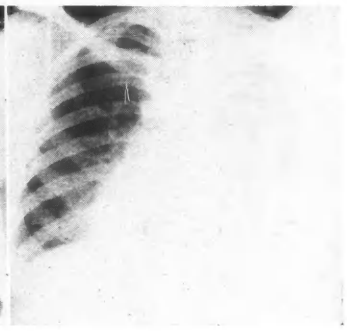

Fig. 3

lobe. Ten days later the pericardial effusion had increased and a large left pleural effusion and a small right one developed. First postoperative films, on July 29, 1937, showed massive left pleural effusion. Heart shadow not visualized well. On August 5, 1937, heart shadow was normal in size with hydropneumothorax left. Right chest entirely clear. Six weeks later, following second left rib resection, showed no fluid, but thickened pleura. One week later, September 22, 1937, showed left lung 80 per cent expanded. Heart shadow and right chest normal. Serial films from this date, November 26, 1937, showed gradual reëxpansion of left lung and marked thickened pleura on the left. Normal heart size.

PATHOLOGY

The essential pathology of pericarditis has been shown to be an inflammatory reaction to both the visceral and parietal pericardium, with thickening and often an increase in size of the parietal layer. Delafield and Prudden state "that in this form of exudative pericarditis there are usually more or less serum and fibrin mingled with pus cells, and often red blood cells. The process may start as a serofibrinous inflammation. It is apt to occur as an extension of an infectious process in the neighborhood, or as part of a general pyemic process." The organism may be in the pericardial wall (seen on microsection), but not in the purulent fluid. The heart musculature may or may not show an inflammatory attack. The offending organism, so states Branch,[3] may be according to percentages in cases, *i. e.*, pneumococcus 35 per cent, in acute cases; organisms of rheumatic fever 30 per cent; staphylococcus, streptococcus, and tuberculosis, about 15 per cent. Hemolytic staphylococcus pericarditis has the highest mortality. Noninfectious terminal cases, 20 per cent, such as uremia, diabetes, anemia, leukemia, and coronary heart disease. As for the source of the pericarditis with or without suppuration,[5, 6, 7] intrathoracic infectious disease was apparently the primary condition in 74 per cent of cases. Infections were the etiologic factor in 98.2 per cent, with a predominance of males.*

Various conditions may be considered in the etiology, such as malignancy, chronic passive congestion, cardiac infarction, hypertension, bronchopneumonia, rheumatism, myxedema, subacute bacterial endocarditis, tuberculosis, otitis media, mediastinitis and laryngeal edema, myelogenous, leukemia, nephritis, liver abscess, infectious arthritis, goiter, lues, influenza, measles, tonsillitis, pleurisy, puerperal sepsis, whooping cough, osteomyelitis, esophageal perforation, pyemia, gunshot and stab wounds, gangrene of the feet; the pericardial fluid may be serous, serofibrinous, turbid, serosanguineous, bloody and purulent, or it may be encapsulated.

* Slide 1. Marked pericardial effusion.

TREATMENT

When the correct diagnosis of acute suppurative pericarditis was made clinically, the next step was to determine the correct method of treatment. The anatomic, physiologic, and pathologic bases for treatment of pericarditis have been successfully covered in various texts and articles on the subject. It is to be remembered that a collection of purulent material, due to infection in any closed sac, must be considered as an abscess and, as such, evacuated. This may be accomplished by two methods, namely, paracentesis percardii, *i. e.*, "closed drainage," which may, and generally will, of necessity be repeated, with or without irrigation of the sac, with various antiseptic agents; or pericardiotomy, *i. e.*, "open drainage" with continued drainage with or without the use of various antiseptic agents for irrigation. The advantages and disadvantages of both methods have been discussed by various authors, and the interested reader is referred to the bibliography attached for details of the various methods.

Briefly, the mortality of purulent pericarditis by expectant methods, or by aspiration, is above 70 per cent, and most authors would place this figure at 100 per cent. Shipley and Winslow, in 1927, collected 128 cases treated by pericardiotomy, with recovery in over 55 per cent. In 1935, they collected ninety-nine cases more, with recovery in over 49 per cent. These two articles in particular have given an excellent review of the literature, as have writings by other authors, and it is unnecessary to repeat the many excellent statistics here. It would seem, however, that any method which would reduce the mortality from 100 to 50 per cent at least offers a great deal, particularly when one considers that some 80 to 85 per cent of all cases of purulent pericarditis are in young adults under thirty, and 70 per cent of all cases are in males. Aspiration, although a simple procedure, is not without its dangers, and when one considers the difference in mortality results with open pericardiotomy, the evidence must be in favor of the latter procedure. Doctors Shipley and Winslow have said: "If unrecognized, purulent pericarditis kills

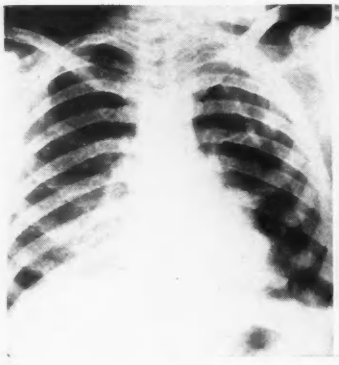

Fig. 4

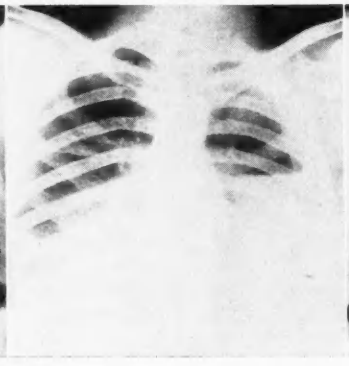

Fig. 5

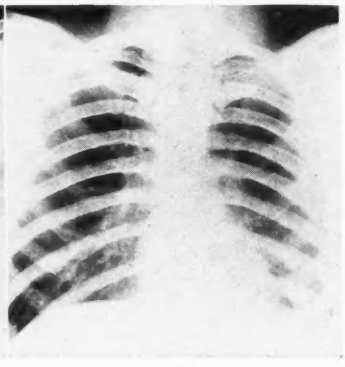

Fig. 6

the patient" and "the patient, in whom the condition is diagnosed and who is treated expectantly, or by therapeutic aspiration, fares no better." Operative attack is the only method at our disposal which offers any chance to cope successfully with the condition. To repeat, as in abscess elsewhere, adequate drainage would seem to be the crux of the treatment of purulent pericarditis, and it is of paramount importance in the prevention of hertztamponade with stoppage of the heart and death. It is not our purpose to discuss here the various means of approach to the pericardial sac, each of which will vary according to the personal preference of the surgeon, but among these may be mentioned the right parasternal approach, with resection of the fourth, fifth, or sixth costal cartilages; the left parasternal with resection of the fifth, sixth, or seventh costal cartilages; the transternal approach, or the chondro xyphoid approach. Of these, the left parasternal approach, with resection of the sixth or seventh costal cartilages, seem to have the most advocates. Other factors to be considered are those of adhesions, which may cause pocketing of the pus and which will require breaking up to secure proper drainage of the dependent pockets, or recesses of the pericardial sac. The importance of the prevention of soiling and contamination of the pleura cannot be stressed too strongly, as this adds another hazard to the prognosis in an already dangerously ill patient. The mortality of pericarditis complicated by, or subsequent to empyema, is much higher. Organisms may cross the barriers from the pleura to the pericardium or vice versa, without being due to surgical contamination, and indeed would be difficult to avoid, but the seeding of the pleura by the surgeon certainly should not occur.*

In our case the patient had a clear and sterile pleural effusion bilaterally, more on the left than on the right. The right effusion was cleared up and remained so by a single aspiration. It might have been wiser to perform open drainage a little earlier in the disease; but, as previously noted, there were several complicating factors, making the absolute diagnosis somewhat uncertain until just before operation. Obviously at this time the patient was not doing well, and we felt to temporize longer would reduce the chances for recovery, although statistics show little difference between mortality in early or late operations. The operation was attended with little or no shock, and although the patient had a somewhat rapid and irregular pulse, perhaps due to slight irritation from the soft rubber drain, his convalescence was uneventful, with good drainage and rapid healing of the wound.* Although the pleural cavity was not opened, the sterile pleural effusion subsequently became contaminated with the same organism six weeks later, and eventually required open drainage with rib resection,† as repeated aspiration failed.

Although adequate drainage was established by the first rib resection, the wound closed too early, and a second operation was required, with subsequent irrigation with azochloramid solution. About eight weeks passed between the pericardiotomy and the first rib resection, and five weeks between the first and second rib resection. Unfortunately the sections of the rib were disposed of before smears could be made of the bone marrow to check the early blood findings. The empyema wound was completely healed sixty-nine days after the second operation, at which time the patient had been up and around for about four weeks.‡ At the time of discharge from the hospital the patient was perfectly well and exhibited no evidence of cardiac disability, *i. e.*, no dyspnea, no edema or subjective symptoms of pericardial or thoracic pain or distress. There was no evidence of constricting pericarditis or adhesion, such as edema, enlarged liver, venous distention, cyanosis, or pulmonary congestion.

He was last seen on July 14, 1938, eight months after his discharge from the hospital, at which time he reported he was working without any difficulty and with only occasional slight dyspnea after extra exertion and occasional aching over the pericardium. His physical examination was essentially negative, with a slight elevation of the blood pressure, 145/100. Fluoroscopic examination revealed a small pericardial adhesion posteriorly, and a little pleural thickening on the left. He is obviously

* Slide 2. Pericardial and right pleura effusions.

* Slide 3. Right effusion cleared; left pleural effusion formed.

† Slide 4. Pericardial and left pleural effusions drained surgically.

‡ Slide 5. Left empyema reformed due to poor drainage.

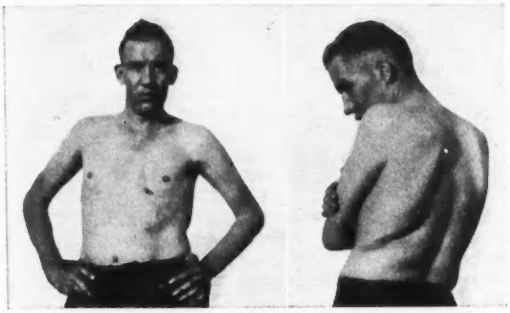

Fig. 7 Fig. 8

well and active now. It is too early to state if he will require cardiolysis. At the present time we feel that in all probability he has a fair chance of continuing well without further procedure.*

OPERATIVE PROCEDURES

Operation: By Dr. W. L. Rogers of San Francisco and Dr. John C. Sharp of Salinas, California, on June 10, 1937.

Local anesthesia with three-fourths per cent novocain and adrenalin. A two-inch portion of the left sixth rib was resected anteriorly, along with a portion of the sternocostal cartilage. Incision into the pericardial sac without entering the pleural cavity. A soft rubberdam drain was inserted into the wound with drainage of much bloody pus.

In a communication, Dr. W. L. Rogers stated that he had seen the patient for the first time on the morning of June 10, 1937. "The purulent nature of the pericardial effusion had already been investigated and found to contain staphylococci. The left-sided pleural effusion had not been tapped. Upon doing this by means of a posterior approach and clear amber fluid being obtained, an operative approach was easily determined. After the removal of a portion of the sixth rib and its cartilage, the bulging parietal pleura was reflected backward and this portion of the wound packed with iodoform gauze. This was left in place following the operation. A rather large opening was then made into the lower anterior border of the pericardial sac, after pus had been obtained with an aspirating needle. A portion of a surgical rubber glove was used as a drain. This proved very efficacious, as it was soft—being unlikely to irritate the heart, and yet affording a constant portal for drainage. The wound was left open, the soft tissues being loosely packed with iodoform gauze. After eight days the drain was removed. This proved to be sufficiently long and quite in contrast to our experience with pleural exudates.

"The most recent films of the patient reveal a relatively normal heart and pericardial outline. I believe we may safely say he will very likely be spared any late complications due to changes in the pericardium. It would seem to me this factor is due to the acute pyogenic nature of the disease, in this case, as in contrast to others, having a slowly progressive course with the tubercle bacillus, or some other specific organism as the etiologic factor.

"As these cases are comparatively very rare in our smaller clinics, I wish to congratulate the authors in their successful management of this very interesting but very sick patient."

COURSE

For the first ten days the patient passed an essentially normal convalescent period. At this time the pericardial drain was removed. However, drainage continued freely from the pericardial sac. Temperature and pulse rate remained somewhat elevated. Repeated aspirations of the left pleural cavity yielded large amounts of clear, straw-colored, sterile fluid up to July 28, 1937. On August 4, 1937, temperature had risen to 102 degrees Fahrenheit, and thoracentesis of the left pleural cavity revealed an empyema with the identical organism of hemolytic Staphylococcus aureus. On August 10, 1937, with local anesthesia, two inches of the left tenth rib in the posterior axillary line, were resected, and a soft rubber tube was inserted and the wound left wide open. In the meantime the liver and spleen, which had been enlarged, gradually returned to normal. The tube was removed in about two weeks and the drainage continued well. The sinus gradually closed. On September 18, 1937, a second rib resection was performed, because the drainage had practically stopped and the pleural cavity had again filled with pus. At this time a portion of the eleventh rib was resected. Following this the empyema cavity was irrigated with normal saline and 1 : 1000 azochloramid. The tube was removed in about three weeks and the empyema cavity gradually decreased in size with full expansion of the lung and closure of the sinus by November 16, 1937. On November 23, 1937, the general condition of the patient was excellent: he gained in weight above his normal 194½ pounds; blood pressure 130/90; pulse 82, regular. He was traveling after this to his home in Oklahoma. He was last seen in July, 1938.

COMMENT

On the day of entrance the physical examination revealed a large cardiac dullness and distant heart sounds. Pneumonic signs resembled a bronchopneumonia and pleural effusion on the right. The x-rays also brought this out. The E. K. G. revealed low voltage of all complexes in all leads. Rate 130, regular.

With the pleural effusion, the pericardial effusion and increased venous pressure, a liver edge which was below the costal margin, were we dealing with a case of Pick's disease? It is stated by Paul White, in discussing pericarditis, that over 50 per cent of the cases are missed, because of no symptoms or signs. An increased venous pressure, an increased liver dullness, ascites, with a few or no heart signs in young persons, suggests Pick's disease. (As for effusions, it may be stated here that the normal amount of pericardial fluid is 25 to 50 cubic centimeters.[3, 4, 5] The usual abnormal amount is less

* Other slides presented following phases:
Slide 6. Complete drainage and clearing.
Slide 7. Healed wound from pericardial drainage.
Slide 8. Healed wound from left pleural drainage.

than 500 cubic centimeters, being the least that can be recognized (Cabot). Amounts of over 4,000 cubic centimeters have been reported.) However, this patient's signs and symptoms could not be brought under the term "Pick's disease."

To seek further, a paracentesis was done, and purulent fluid was obtained from the pericardial sac. Another was done and a clear fluid came from the right pleural cavity. The former had an organism, present on culture (hemolytic Staphylococcus aureus). The fluid from the pleural cavity was sterile. We were certain then of a suppurative pericarditis, caused by the above organism.

SUMMARY

In summarizing the diagnosis considered in this interesting case, we have, first, cellulitis of the right neck; second, an aleukemic phase of a usual myelogenous leukemia with cardiac and pericardial complications; third, Pick's syndrome; and fourth, the correct diagnosis, namely, acute suppurative pericarditis with an initial leukemoid blood picture, which was apparently subsequent to a bronchopneumonia. The offending organism was a hemolytic Staphylococcus aureus. It is of unusual interest that, although the pericardial effusion was purulent, both the right and left pleural effusions were clear and sterile originally. The right effusion cleared up on repeated simple aspiration. It was only after operative intervention with pericardial drainage that the left pleural effusion became purulent and required open drainage. Complete recovery followed open surgical drainage of both the pericardium and the left pleural sac; but had the infection been generalized rather than localized to the lungs and pericardium, the outcome would probably not have been so fortunate.

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MINUTEMEN OF AMERICAN MEDICINE*

Q. Why was a question and answer digest prepared? [on the aims and objectives of the National Physicians Committee for the Extension of Medical Service.†]

A. The task that has been undertaken is of vast and vital importance. It affects every practicing physician. It is essential that every doctor understand the purpose and the methods of the institution.

Q. What fact or factors were responsible for the establishment of the National Physicians Committee for the Extension of Medical Service?

A. The twenty-five year trend in political thinking and legislation affecting medicine, medical practice and health.

Q. What was the influence of the report of the Interdepartmental Committee to Coördinate Health and Welfare Activities?

A. It resulted directly in the introduction in the Senate of the Wagner National Health Bill.

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* A Question and Answer Digest and Exposition of the Origin, the Aims, Purposes and Methods of the National Physicians Committee for the Extension of Medical Service. (For editorial comment in this issue, see page 105.)

Note.—The Detroit Medical Bulletin has named the members of the National Physicians Committee for the Extension of Medical Service "The Minutemen of American Medicine." The designation is self-explanatory.

The institution was officially established as a nonprofit, nonpolitical trust on November 18, 1939.

For action by Council of California Medical Association concerning National Physicians Committee (approval) see in this issue on page 131, item 45.

† Address is: National Physicians Committee, 700 Michigan Avenue, Chicago, Illinois. John M. Pratt, executive administrator.

Q. What were the direct results of the introduction of this proposed legislation?

A. The Wagner National Health Bill—for the first time—brought to clear focus the real issue, namely, *"The Political Control of Medicine, Medical Practice and Hospitalization."* It aroused the medical profession and allied interests to a realization of the imminence and the menace of a totalitarian regimentation of the medical profession.

Q. What were the reactions to the introduction of this legislation?

A. Its enactment was vigorously opposed on a nation-wide front by physician, lay and industrial groups which understood and believed in the development of medicine and medical practice on the basis of the pattern of a free and independent profession.

Q. What was the attitude of the American Medical Association on this issue?

A. On May 17, 1939, the House of Delegates of the American Medical Association unanimously adopted a resolution which reads, in part, as follows: "The American Medical Association would fail in its public trust if it neglected to express itself unmistakably and emphatically regarding any threat to the national health and well-being. *It must, therefore, speaking with professional competence, oppose the Wagner Health Bill."*

Q. What was the influence on this issue of the Federal prosecution of the American Medical Association and its officers?

A. It was most important. The indictments which were voted were criminal indictments. The prosecution and the indictments were widely publicized in such a way as to lead the public to believe that the doctors were criminals and that American Medical Service was inadequate and ineffective.

Q. What was the final result?

A. Opposition to the passage of the Wagner National Health Bill became so widespread and so vocal—that it was never voted out of the subcommittee of Education and Labor.

Q. Is this legislation "dead"?

A. No. It is merely pending and could be voted out of committee at any time for consideration by the 76th Congress.

Q. What were the final conclusions of the various groups and interests that had been active in opposing this legislation?

A. (1) That there was real danger of legislation that would result in dangerous, revolutionary changes in our system of the free and independent practice of medicine.

(2) That there was a real problem to be solved in connection with the distribution of medical service and hospital facilities.

(3) That the public was uninformed or misinformed in connection with the aims, objects, methods and achievements of American Medicine.

Q. What was done about it?

A. Many conferences were held—conferences of physicians, conferences of representatives of the Pharmaceutical Manufacturing Industry, conferences by representatives of lay groups and joint conferences of representatives of many of the above.

The joint conferences resulted in a decision—"That it was essential to establish a new institution —A Nonprofit, Nonpolitical Organization devoted to:

1. Maintaining ethical and scientific Standards and extending Medical Service to all the people.

2. Familiarizing the American public with the facts in connection with the methods and achievements of American Medicine."

This institution was named NATIONAL PHYSICIANS COMMITTEE FOR THE EXTENSION OF *Medical Service.*

Q. How did it start?

A. Like all things it had to have a beginning. It started with two eminent physicians inviting ten other distinguished physicians to join with them to form an initial Executive Board.

Q. What was the next step?

A. On behalf of this Executive Board representative, distinguished members of the medical profession in the various states were invited to become members of a nation-wide, thoroughly representative Central Committee.

Q. How many physicians comprise the Central Committee?

A. As of January, 1940, more than three hundred, representing every state but two. It is growing rapidly. The names are listed on pages 3 and 4 of the letterhead.

Q. What is the next step?

9. The forming of state committees as divisions —thoroughly representative of all areas in each state. The officers of these state groups may then become the Board of Governors of the National Institution.

Q. What are considered to be the fields of operation?

A. Four distinct lines of activity are clearly indicated:

1. The clarifying and unifying of opinion within the ranks of the profession.

2. The development of coöperation with groups having special interests in the same general problem—dentists, hospitals, pharmacists, retail druggists, manufacturing pharmacists, etc.

3. The study and clarification of the problem of the "distribution of medical service"—the establishment of policy and formulating of program.

4. The broad-gauge educational effort—reaching the general public with the material, the facts, and the point of view of the physician and allied interests.

Q. What is the "Committee's Plan" for "Extending Medical Service to All of the People"?

A. The Committee has no arbitrary, mechanical or universally applicable plan. There is no panacea. The first steps have been taken in the process of concentrating the best minds in the profession and allied industries on the problem of the distribution of medical care in order to work out a solution.

Q. Why is there a need for any new organization—Why cannot all of this work be done by the American Medical Association?

A. There are definite reasons:

(1) The American Medical Association has performed and performs its invaluable service to the profession and the public on the basis and by virtue of broad-gauge, long-range planning. The present need is for speedy adaptation to a set of conditions that are constantly changing and varying widely according to areas involved. The American Medical Association could lose much of its prestige and materially lessen its effectiveness by attempts at adaptations to meet emergencies or by changes of policy on the basis of expediency.

(2) By virtue of its charter provisions and its program of operation over a period of more than ninety years, the American Medical Association has been accorded the status of a nonprofit, scientific, educational foundation. As such, it has been granted exemption from Income and Social Security taxation. A departure from established practice would, in all probability, entail the forfeiture of this status. This, in turn, would entail exorbitant taxation and lead to really serious complications.

(3) There are individuals and many lay groups that are as vitally affected by the immediately present trends and who are as much interested in the solution of the problems as are the physicians. The task is a gigantic one. The support of all interested in the solution should be enlisted. The American Medical Association, as such, could not ask for nor accept financial support from many of these. As a case in point, the findings of the Council on Pharmacy could not be kept free from suspicion if the American Medical Association were accepting substantial contributions from a drug manufacturer.

No one of these reasons would be sufficient, but the combination of all of them makes it obvious that the American Medical Association could not assume these new responsibilities without the practical certainty of serious complications and loss.

The National Physicians Committee for the Extension of Medical Service actively seeks the moral and financial coöperation of individuals and groups interested in the problem. It has assumed the great responsibility of attempting to coördinate the interests and activities of all interested in finding a practical solution.

Q. What is the official status of the Committee?

A. It was legally established as a nonprofit nonpolitical trust on November 18, 1939.

Q. How is the institution financed?

A. It is financed wholly and exclusively by voluntary contributions.

Q. How many physicians have made contributions?

A. In a period of two months, contributions were received from approximately five thousand doctors.

Q. What are the amounts of these contributions?

A. Individual contributions vary in amounts from a minimum of $1 in a few instances to $100 or more. Of the funds placed at the disposal of the Committee from November 16 to January 15, the amounts, as percentages of the total, are:

	Per Cent
$ 4.00 or less	2.7
$ 5.00 to $ 9.00	26.0
$ 10.00 to $24.00	30.2
$ 25.00 to $49.00	13.3
$ 50.00 to $99.00	4.7
$100.00 or more	23.1

Q. Can local medical societies contribute to the support of the Committee?

A. A number of county medical societies have assessed their members and made contributions for the Society as a group. These have varied in amounts of from a minimum of $50 to more than $100. A letter recently received is reproduced because it really answers the question:

Gentlemen:

It will interest you to know that the program of our Society, which has a membership of over five hundred physicians, included, at its last meeting, an explanation of the aims and objectives of the National Committee and that our group voted unanimously:

First, to endorse the personnel, aims, and objects of the Committee and

Second, to favor a contribution from the Society itself as well as its individual members, the amount of this contribution to be determined at our next meeting.

With cordial regards and best wishes for the success of our important undertaking.

Very truly yours,

Q. Can Clinics and Hospitals make contributions to the Committee?

A. Yes. A number of contributions have been received from clinics varying in amounts from $100 to in one instance $1,000. In some instances the business managers of clinics have collected amounts from the various members of staffs. One business manager forwarded 15 individual checks totaling $247.50.

Q. How much money does the Committee need to carry on its work?

A. For the first year's operation, necessary expenditures have been budgeted on a basis of $245,000. This should represent the minimum amount.

Q. Does this not seem to be a large amount?

A. It is a very great sum as related to any single office need. It is a very modest sum for the purpose of financing the necessary study and beginning a nation-wide educational effort.

Q. What has the Committee done?

A. From November 16, 1939, to January 1, 1940, the Committee produced and mailed:

Electrically typewritten letters	25,878
Processed letters	455,012
"Achilles Heel of American Medicine"	230,000
Questionnaires	23,800
Brochure, "Priceless Heritage"	154,000
Folders, Pledges and other printed material	1,468,800
Or a total of letters, booklets, folders, etc., produced and distributed (copies)	2,364,690

Q. How can a local physician help effectively in achieving the objectives of the Committee?

A. (a) Contribute financial support.

(b) Arrange through local medical society to make talks before: Rotary, Kiwanis—women's clubs, or other groups.

(c) Discuss the needs, aims, objects and methods of procedure with other physicians and at medical meetings.

(d) Discuss financial need with members of clinical or hospital staffs or managements.

(e) Discuss the medical problem, the function and objectives of the National Physicians Committee with the editor or editors of local papers. Hand them copies of literature and suggest editorial comment (see Note).

(f) Distribute copies of "Priceless Heritage" or other literature to patients and influential friends —get their comment, suggestions, and financial coöperation.

(g) Aid in forming a state division—keeping in mind that the ultimate objective is to reach every citizen—that he may come to realize his direct interest in the problem of medicine and health.

Note: Physicians in areas as widely separated as Danbury, Connecticut, Dallas, Texas, Los Angeles, California, have taken copies of the "Achilles Heel of American Medicine" and the brochure "Priceless Heritage" to local editors and secured editorial coöperation. Dr. M. A. Austin of Anderson, Indiana, was responsible for the following editorial being published in the Anderson *Sunday Herald* of January 14, 1940.

ON SOCIALIZED MEDICINE

The National Physicians' Committee is undertaking to put 5,000,000 copies of an unusual pamphlet in the hands of representative American people. *The pamphlet is probably the best argument presented so far against socialized medicine, for it attacks it from an entirely different angle.*

Socialized medicine according to this pamphlet is far more dangerous as an evidence of a political trend than the actual results of its operation at the outset. It is a certain evidence of centralization of power in the hands of a few.

The "Priceless Heritage" of the American is: "The right to think without restraint and to voice thoughts with words without limitation or restriction." This, of course, is guaranteed in the Bill of Rights of the American Constitution.

Because of this right, so the pamphlet states, 130,000,000 Americans own twice as many automobiles as all the other two billion people in the world. By virtue of it, with one hour of labor, an American workman can buy twice as much bread as can an English or French workman and four times as much as a German. In the short span of 150 years, it has brought nine-twentieths of all the tangible wealth of the entire world to us.

And, because of this "right," a child born into the home of an average family will live years longer than a child born into a home in any other part of the world. This priceless gift—freedom—is operating in the field of medicine where it has wrought miracles. "Free men with fearless minds founded medical schools and colleges and established schools for study and research."

The progress in medicine is known to all. It has almost doubled the life span of an American, until today the life expectancy is sixty-two years. Typhoid fever has all but disappeared, smallpox has been robbed of its terror. Diphtheria is just a medical term now, no longer a scourge.

Centralized government which brings on socialized medicine, so the pamphlet says, would certainly retard progress. Research accomplishments would go out the window with freedom. Americans do not want this. Then they should fight against socialized medicine.

(*Imagine, please, the cumulative effect of the frequent publication of such editorials in five thousand or more daily weekly newspapers throughout the United States.* See your editor.)

Q. What is "Priceless Heritage"?

A. It is a small brochure that has been prepared with extreme care that endeavors to interpret the issue of "The political control of medicine" in terms of the general public interest.

Q. What is being done with this brochure?

A. It is being sent to physicians and others in lots of 10-25-50-100-500 or more copies. The physicians hand them to friends or send them with letters explaining the objectives and suggesting support. It is hoped that more than five million copies of this brochure will be placed, in this manner, in the hands of influential citizens.

Q. How many copies of "Priceless Heritage" have been asked for by doctors to use in this way?

A. To date more than 600,000.

Q. Can any physician secure copies of "Priceless Heritage" for distribution in this manner?

A. Yes. They are sent free of charge.

Q. Does not this free distribution entail substantial expenditures?

A. Generally, contributions exceed the cost of the literature asked for.

Q. Are other professions and interests helping in this effort?

A. Yes. It is expected that dentists, druggists, nurses, hospital officials and drug manufacturers

will become interested and active in the long-range, nation-wide effort.

Q. Is it not true that the President of the United States has stated that he is opposed to the plan of medical service proposed in the Wagner National Health Bill?

A. Yes, he has so stated.

Q. Does not this official pronouncement indicate that the possibility of dangerous, revolutionary legislation is past?

A. In the present session of Congress probably —in the future, no. The official attitude of the Administration—as voiced by the President—is the result of three prime considerations:

1. 1940 is a presidential election year. The Wagner National Health Bill, if enacted into law, would necessitate the expenditure of huge sums—ultimately possibly as much as $3,000,000,000 per year.—The expenditures would further unbalance the budget. As a political issue it is unpopular.

2. Vast sums are desired by the Administration for national defense. Diverting substantial amounts for expenditure for public health would lessen the chances of securing them or result in reducing the amounts that might be voted by the Congress for this purpose.

At this time the National Defense issue is more popular and of greater political value than the so-called Health Issue.

3. Opposition to the Wagner National Health Bill became so widespread and effective that it became evident that its advocacy was temporarily politically injudicious. *This in no way affects the issue. It simply means that action is temporarily postponed and the real problem remains to be solved. It is essential that the public be informed —so that when the test comes it will know the facts.*

Q. Have medical journals published articles or editorials dealing with the National Physicians' Committee for the Extension of Medical Service?

A. Yes. On December 2 the AMA Journal carried the story of the organization of the institution.

In the December issue of CALIFORNIA AND WESTERN MEDICINE, *Dr. George Kress ran a one-half page editorial and republished—verbatim—the text of the brochure—"The Achilles Heel of American Medicine."*

During December and January practically every medical journal and bulletin published comment.

No enterprise in the range of human experience can rank with learning. By it alone man rises above dumb creatures. If, therefore, we have received nothing else so good as the mind, what should be more worth cultivating? No quest of gold or worldly power has, in the long run, ever brought like gratification. No other adventure is to be compared with it. Through it civilization and all man's higher achievements have been won.—Leon J. Richardson.

Life is not mere living, but the enjoyment of health.—Martial.

CLINICAL NOTES AND CASE REPORTS

PSEUDOMUCINOUS CYST OF OVARY WITH ASSOCIATED OVARIAN DERMOID

By H. E. BOWLES, M. D.
Honolulu, Hawaii

STATISTICS vary somewhat as to the incidence of pseudomucinous ovarian cysts, as compared with the serous type. In a total of 331 cases of ovarian cysts operated on by himself, T. Wilson[1] found 144, or 43.5 per cent, to be pseudomucinous cystadenomata. According to Taylor,[2] various other writers give the incidence of this type of ovarian cyst as from 30.6 to 53.6 per cent of all ovarian newgrowths. Forty-five per cent is considered a good general average. Masson and Hamrick,[3] in a series of thirty cases of pseudomucinous ovarian cysts, found six, or 27.2 per cent, of the benign cysts to contain papillomata..

Very little mention is made anywhere of the coexistence in the same tumor mass of a pseudomucinous ovarian cyst with a dermoid. Clear-cut case reports seem to be almost absent in recent literature, except for that of R. Wilson and Sims,[4] who removed such a tumor, measuring 65 by 45 by 9 centimeters, from a negress thirty-nine years of age. Norris[5] has described an ovarian dermoid complicated by an eighty-pound ovarian cyst, presumably of the pseudomucinous type.

Green-Armytage,[6] Frank,[7] Graves,[8] and others remark that ovarian dermoids often occur in combination with pseudomucinous cysts, the two types being found either coexisting in the same ovary, or in contralateral ovaries. Arnsperger[9] is quoted by Ewing,[10] Koucky,[11] and others. He believes that 14 per cent of multilocular cystadenomata are associated with ovarian dermoids, either on the same or opposite side. There seems insufficient evidence at present to accept these figures at face value, as Arnsperger[9] does not give enough details to war-

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1 Wilson, T.: Gelatinous Glandular Cysts of the Ovary and the So-called Pseudomyxoma of the Peritoneum, Proc. Roy. Med. Sect. Obst. and Gynec., 6:9-42, 1912-1913.

2 Taylor, H. C., Jr.: Malignant and Semimalignant Tumors of the Ovary, Surg. Gynec. and Obst., 48:204, 1929.

3 Masson, J. C., and Hamrick, R. A.: Pseudomucinous Cystadenoma of Ovary: Analysis of Thirty Cases in Which Cysts Were not Ruptured Before Operation, Surg. Gynec., and Obstet., 50:752 (April), 1930.

4 Wilson, R. R., and Sims, T. J.: Dermoid Cyst of Ovary, Combined with Large Pseudomucinous Cyst, J. Kansas M. Soc., 32:151 (May), 1931.

5 Norris, quoted by Frank, R. T.: Reference No. 7.

6 Green-Armytage, V. B.: Postgraduate Surgery, Vol. 2, Section 4, on "Tumours of the Ovary," pp. 2641 and 2646, New York, D. Appleton-Century Company, 1936.

7 Frank, R. T.: "Gynecological and Obstetrical Pathology," p. 418, New York and London, D. Appleton & Company, 1922.

8 Graves, W. P.: "Gynecology," p. 344, Philadelphia and London, 1916.

9 Arnsperger, H.: Zur Lehre von den sogenannten Dermoidcysten des Ovarium, Virch. A., 156:1-36, 1899.

10 Ewing, J.: "Neoplastic Diseases," third edition, p. 656, Philadelphia and London, W. B. Saunders Company, 1928.

11 Koucky, J. D.: Ovarian Dermoids: A Study of One Hundred Consecutive Cases, Ann. Surg., 81:821 (April), 1925.

rant the above conclusions. Anspach[12] and Kelly[13] do not mention the subject. Hertzler[14] and Meigs[15] remark that such instances of coexistence have been noted, but say very little about it.

The fact that the pseudomucinous cystoma may occur in the same tumor mass with an ovarian dermoid cyst has given rise to the belief that the two are embryonic tumors and have a common origin. Hertzler,[14] Ribbert,[16] Meigs,[15] and others consider this as a probability. Ribbert[16] believes that the pseudomucin cysts are the entodermal portion of a dermoid anlage, and that these cysts are embryomata in which only the entodermal layer has developed the cyst representing rudimentary intestine. Graves[8] also remarks on the similarity of its secreting cells to those of the intestinal tract, and therefore concludes that the tumor originated from embryonal entoderm. Needless to say, absolute proof is yet lacking.

Because of the paucity of actual case reports in recent literature, we present the following report.

REPORT OF CASE

Mrs. F. S., age 52, white, widow, came to us first on February 21, 1939, for relief of fatigue, and an enlarging abdomen. Past history was essentially negative, except for a series of painful boils which lasted from August, 1937, to May, 1938. Following a series of staphylococcus toxoid injections, there have been no recurrences. At the age of twenty-two she aborted spontaneously at three weeks. There have been no other pregnancies. Menopause seven years ago at forty-five years of age. Before that the menses were always regular and painless. Six months prior to her visit to us in February, she had begun to notice a slowly enlarging lower abdomen and a tendency to ready fatigue. These factors progressed slowly and steadily until she came to us. She had a constant feeling of crowding and pressure low in the abdomen and pelvis. This had become very noticeable during the preceding week. The patient's work made it necessary for her to spend much time daily on her feet.

General physical examination was essentially negative. The lower abdomen was enlarged to the size of a five and one-half months' pregnancy, with the main tumor mass lying to the right of the midline. The tumor was not ballotable, and on pelvic examination the cervical os was up near the roof of the vaginal vault, almost impossible to locate on ordinary examination. No findings were noted suggesting pregnancy. The tumor felt hard and fixed, and no tenderness was elicited, nor was any fluctuation noted. No ascites, and no level of shifting flank dullness. Moderate pitting edema of both feet was present. No cachexia. The urine was normal. Blood Wassermann and Kahn were negative. Blood count showed: red cells 3,900,000, hemoglobin (Newcomer) 75 per cent, white cells 15,950, with 76 per cent neutrophils, 15 small lymphocytes, 3 large lymphocytes, 5 transitional, and 1 eosinophil.

The abdomen was opened under cyclopropane anesthesia on February 25, 1939, through a midline incision. No ascites was found. Very few adhesions were found and these were of a plastic nature. A large multilocular cystic tumor was then encountered. As this was gradually mobilized, it was found to be replacing the right ovary. It rested immediately on another smaller and smoother cystic tumor replacing the left ovary. The two tumor masses were firmly impacted on top of a small myomatous uterus with the fundus pushed over into the right side of the pelvic cavity. Both tumor masses were mobilized and extirpated, and a supravaginal amputation of the uterus was done in the usual manner. The appendix was removed. Convalescence was normal except for a moderate attack of pyelocystitis, which occurred three weeks after operation. This subsided rapidly and has not recurred.

The larger right ovarian tumor was ovoid in shape and weighed 2,046 grams. It measured about 15 centimeters in diameter. On sectioning, it was found to be a multilocular cystic tumor, the various compartments being packed with mucinous material. One of the cysts, larger than the rest (7 centimeters in diameter) contained thick sebaceous material, intermingled with hair and a poorly developed bony process. Microscopically, two types of neoplastic structure were seen. One section showed a picture of a dermoid cyst with a lining of stratified squamous epithelium, with sebaceous glands and hair follicles beneath. The others showed many cystic spaces and papillary projections, with a lining of tall columnar epithelium. These cells were packed and distorted by large globules of mucoid material. This material was seen within the spaces, and in some regions stained faintly, while in others it took a deep purple-red stain much as does calcium deposition on the tissues.

The smaller left ovarian tumor weighed 453.6 grams and measured 10 centimeters in diameter. It was unilocular and contained thick inspissated, fatty material, but no hair. On microscopy, its wall consisted of nondescript fibrous tissue, with one small patch of stratified squamous epithelium.

The uterus contained a typical myoma, and the appendix was of the fibrotic obliterative type.

It is interesting to note that bilateral ovarian cysts were present, one of these in the right ovary being associated with a large pseudomucinous ovarian cyst.

COMMENT

1. Although many writers state that ovarian pseudomucinous cysts often occur in the same tumor mass with a dermoid cyst, no definite statistics are available.

2. Good evidence suggests that both tumors are derived from embryonal rests, the pseudomucinous cysts arising from the entoderm, while the dermoid elements arise from the ectoderm.

3. Very few case reports of the combination are reported.

4. The case of a large pseudomucinous ovarian cyst in combination with a dermoid cyst is presented. There was also a dermoid of the opposite ovary.

881 Young Street.

12 Anspach, B. M.: "Gynecology," pp. 384 and 388, Philadelphia and London, J. B. Lippincott Company, 1921.

13 Kelly, H. A.: "Gynecology," p. 736, New York and London, D. Appleton & Company, 1928.

14 Hertzler, A. E.: "Surgical Pathology of the Female Generative Organs," p. 110, Philadelphia, Montreal, and London, J. B. Lippincott Company, 1932.

15 Meigs, J. V.: "Tumors of the Pelvic Organs," p. 248, New York, The Macmillan Company, 1934.

16 Ribbert, H.: "Geschwulstlehre," p. 650, Bonn, F. Cohen, 1904.

HIPPOCRATES' APHORISMS

By Moses Scholtz, M. D.
Arcadia

SECTION ONE

1. "Life is short and Art is long,"
Says wise Hippocrates;
Be cautious, and proceed with care,
In dealing with disease.

Thy judgment and experience
May fail you, as your skill;
Seek from thy patient and his nurse
Their help and their good will.

2. Do not permit sick persons to be drained,
Unless the body's poisons call for purging;
And do not cause such drain by giving drugs,
Unless the indications are quite urging.

3. Beware of drastic drugs in obese athletes;
Don't push the fasting cure to the extreme;
The safest and the best plan for the healer
Is using just a moderate régime.

5. The more severely diet is restricted,
The sooner will rebellious patient break
The rule, will overeat and later suffer
Both for the doctor's and his own mistake.

6. In treating dangerous, acute diseases,
When life's flame flickers at the gates of death,
Don't hesitate to use heroic measures:
They may avail and save your patient's breath.

7–11. When sickness storms at its full height and fury
And the patient suffers from acute distress,
Put him on a severe, starvation diet;
But lighten it, when sickness 's getting less.

12. A healer may forecast the length of illness
By noting when some symptoms usher in,
Such as in pleurisy expectoration,
Excreta from the kidneys, bowels, or skin.

13–14. The "vital heat" in aged folks is low;
Hence, they stand easier the lack of food
Than youngsters, in whom body-heat is glowing;
Methinks that starving children is not good.

15. In winter and in spring, when bowels are hottest,
The body needs much more of sleep and rest;
So in these seasons do not stint thy patient,
But give him all the food he can digest.

413 Longden Avenue.

Cites Small Industries' Need for Preventive Medical Aid.—The valuable achievement which the medical profession would make by solving the problem of extending qualified preventive medical assistance to small plants, through the joint agencies of private practice and public health administration, is emphasized in *The Journal of the American Medical Association* in an editorial on "Medicine in Industry."

"Industry deals with men as well as with machinery and materials," the editorial points out. "Only recently, however, has industry begun to realize that the man who operates the machine and who fabricates the material is its most valuable asset. As this conviction grows, fostered by both manufacturing and trade associations, employers are beginning to look more and more to the medical profession for assistance in conserving the physical welfare of man power. Already medicine has, under a variety of circumstances and in all types of industry, so convincingly demonstrated its value in reducing lost time from preventable accidents and diseases that it has come to be considered quite as indispensable as any other of industry's maintenance functions.

"Probably it will never be easy to bring to industry generally the advantages of medical and engineering control over unhealthful industrial exposures. Aside from those ordinary activities of medical service in industry usually included under emergency surgery, industrial hygiene and physical supervision, the essential functions of industrial medicine demand study of technologic changes and the introduction of new materials, and the development of methods of control. These difficult procedures require integration and coördination, functions which constitute for the profession at large the principal objectives of the Council on Industrial Health of the American Medical Association.

"Of equal complexity is the problem of unequal distribution of medical service to industry. Large plants, on the whole, have found themselves in the best position to organize medical services. Yet, contrary to common impression, industry in this country is made up predominantly of small units. Ninety-seven per cent of all manufacturing concerns employ fewer than 250 men, and almost 70,000 of them employ five wage-earners or fewer. In this segment of industry, accident and disease experience is thought to be less favorable on the whole than in large plants. In this same segment the principal medical service received is first aid and emergency surgery and care of compensable disability. From the point of view of preventive industrial medical service, the field of the small plant is almost unexplored. When it is found possible to extend qualified preventive medical assistance to such concerns, through the joint agencies of private practice and public health administration satisfactory to those who supply the service and to those who receive it, an achievement will have been recorded in which all elements in the medical profession can take lasting satisfaction."

Use X-Rays in Diagnosing "Bends."—Evidence that the diagnosis of the "bends," an occupational hazard of divers and tunnel workers, can be supported by x-ray pictures is presented by Doctors J. O. Gordon and C. H. Heacock of Memphis, Tennessee, in *The Journal of the American Medical Association.*

The "bends," characterized by severe pain in the abdomen and knees, occur when a worker who has been subjected to an unusual amount of air pressure comes up to the surface too speedily, thereby making possible the formation of bubbles in the body tissues from nitrogen absorbed in breathing compressed air.

The case reported by the authors is that of a tunnel worker who because of injuries was not adequately "decompressed" before being taken to the hospital. In the hospital, x-rays of his knees were taken and bubbles of gas were seen on the pictures. These bubbles were absorbed, which was also revealed by x-ray study. No permanent injury to the joints resulted.

The Tennessee men believe that this is the first case reported in which the diagnosis of the "bends" was supported by x-ray study.

A seven-year survey of the incidence of tuberculosis in New York City, conducted by the City Health Department indicates that about 2.5 per cent of the population is afflicted with the disease and that about 85 per cent of those so afflicted are unaware of the fact. The highest percentage of tuberculosis—5.3 per cent—is to be found among the city's homeless men and the lowest among the college students—0.2 per cent.—New York City Health Department of Health, 1940.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

Photograph of members of the California Medical Association in attendance at the annual session of the Medical Society of the State of California (now the California Medical Association), held at Hotel Del Monte, April 20, 1899. Original photograph has been donated to the California Medical Association for its archives by Lemuel P. Adams, of Oakland. Former presidents of the Association who appear in the photograph are: R. Beverly Cole (1884); W. Le Moyne Wills (1895); William Watt Kerr (1898); Thomas W. Huntington (1911), and Harry M. Sherman (1914 and 1915). The founder of the official journal, Philip M. Jones, is also among those present. Dr. Kaspar Pischel of San Francisco is the only living member of the group, so far as is known. Information concerning unidentified members is requested. First row, from left to right: (1) ————————, (2) D. D. Crowley, (3) James Black, (4) J. D. Arnold, (5) Le Moyne Wills, (6) Philip Mills Jones, (7) ————————. Second row, seated: (8) ————————, (9) ————————, (10) John S. Adams, (11) Prof. Joseph Le Conte of University of California, (12) ————————, (13) George Chismore, (14) William Watt Kerr, (15) R. Beverly Cole, (16) ————————. Third row, standing: (17) —— Burke, (18) George Hare, (19) G. S. Frisbee, (20) ————————. (21) Harry M. Sherman, (22) Kaspar Pischel, (23) ————————, (24) —— Manson, (25) ————————, (26) ————————, (27) Thomas W. Huntington, (28) C. C. Wadsworth, (29) Dudley Tait.

CALIFORNIA MEDICAL ASSOCIATION†

CHARLES A. DUKES.....President
HARRY H. WILSON.....President-Elect
LOWELL S. GOIN.....Speaker
KARL L. SCHAUPP.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

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OFFICIAL BUSINESS

† For complete roster of officers, see advertising pages 2, 4, and 6.

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Two Hundred and Eighty-First (281st) Meeting of the Council of the California Medical Association

The meeting was held in Room 302 of the Sir Francis Drake Hotel, Sutter and Powell Streets, San Francisco, on Saturday, February 17, 1940. The Council convened at 9:30 a. m.

1. Call to Order.

The meeting was called to order by Chairman Schaupp, when the following members were present: President Charles A. Dukes, President-Elect Harry H. Wilson, Chairman of the Council Karl L. Schaupp; Councilors Calvert L. Emmons, George D. Maner, Louis A. Packard, Axcel E. Anderson, C. Kelly Canelo, Henry S. Rogers, Philip K. Gilman, E. Earl Moody, Elbridge J. Best, Frederick N. Scatena, and F. A. MacDonald; O. D. Hamlin, Chairman of Public Relations Committee George G. Reinle, and Secretary-Treasurer George H. Kress.

Present by invitation: Vice-Speaker Dewey R. Powell, Legal Counsel Hartley F. Peart and associate, Howard Hassard; Mr. Ross Marshall, Counsel on Public Relations; and Mr. Ben Read, Secretary of Public Health League of California.

Absent: Past President William W. Roblee, Speaker Lowell S. Goin, C. O. Tanner, and William H. Kiger.

2. **Minutes of the Council.**

It was moved by Charles A. Dukes, seconded by C. Kelly Canelo, that the minutes of the 280th meeting of the Council, as published in the February, 1940, issue of CALIFORNIA AND WESTERN MEDICINE, be approved. Carried.

3. **Membership.**

The Secretary reported that there were 6,349 active members, 4 associate, and 85 retired members on December 31, 1939, making a total membership of 6,438 members.

4. **Reinstatement of Delinquent Members.**

It was moved by A. E. Anderson, seconded by C. A. Dukes, that all members who had failed to pay their dues prior to April 1, 1939, and had not previously been reinstated by the Council, and whose dues had been subsequently forwarded to the Association by their respective county societies, be reinstated to membership. (By-Laws, Chapter II, Section 2b.) Carried.

5. **Retired Memberships.**

On recommendation of their respective county medical societies, the following retired memberships were granted:

Lillian B. Mahan, San Diego (San Diego County Medical Society).

Alfred J. Scott, Jr., Los Angeles (Los Angeles County Medical Association).

6. **Affiliate Fellowship.**

After consideration of membership data received, and the request of the Los Angeles County Medical Association, it was moved by Phillip K. Gilman, seconded by Calvert L. Emmons, that the Council of the California Medical Association recommend to the House of Delegates of the American Medical Association that Ernest W. Fleming of Los Angeles be granted affiliate fellowship in the American Medical Association. Carried.

7. **Santa Barbara County Medical Society.**

A letter of February 16, 1940, from the Santa Barbara County Medical Society regarding memberships in Kern and Santa Barbara Societies, was presented for the information of the Council.

The Secretary was instructed to reply that District Councilor Packard had reported that the application of a Santa Barbara member for transfer to Kern County is being considered in regular course by the Kern County Medical Society.

8. **Ventura and Los Angeles County Society Memberships.**

Discussion was had of the membership of a physician residing in Ventura County and holding membership in the Los Angeles County Medical Association.

Legal Counsel Peart submitted a report thereon, as based on a review of the correspondence in the Association files.

It was the sense of the Council that the Secretary inform the Los Angeles and Ventura County Medical Societies that at the Coronado annual session the Council will be glad to discuss this problem in an effort to clarify the question of membership status that had arisen.

9. **Termination of Suspension Period.**

The Secretary reported that the Council's decision on the appeal of A. T. Martin, a member of the Los Angeles County Medical Association, had been forwarded to the member and to the county society, and that date of suspension would expire on February 24, 1940, one month after the receipt of such notification.

10. **Journals to Retired Members.**

Report was made that CALIFORNIA AND WESTERN MEDICINE, during recent years, had been sent gratuitously to seventy-nine retired members, at an approximate cost of $300 per year.

It was moved by Louis Packard, seconded by A. E. Anderson, that retired members of the California Medical Association be informed that such membership does not include subscription to the JOURNAL, but that a special subscription price of $3 per year will be granted such members on request. Carried.

11. **Membership List.**

A request from the Kern County Postgraduate Committee for a list of members of the Kern County Medical Society and adjacent county societies was presented.

It was the sense of the Council that the Association would be glad to coöperate, without cost to county societies. It was suggested that the service offered by use of the addressograph be called to the attention of persons making such requests.

12. **Special Assessment.**

Recent requests for refunds of special assessment, and other letters relating to the special assessment levied by the House of Delegates, as of date of June 1, 1939, were referred to the House of Delegates for consideration at the Coronado annual session.

13. **Financial Report for January.**

Copies of the Treasurer's report for the month of January, 1940, were presented to all councilors.

14. **Audit for 1939.**

Treasurer Kress submitted, and read excerpts from the audit for the year 1939, covering receipts and expenditures for the California Medical Association, the Trustees Of The California Medical Association, and the Indemnity Defense Fund, as prepared by Ernst & Ernst, certified public accountants.

There being no objection, the audit as submitted was received.

15. **Loans to California Physicians' Service.**

The Treasurer called attention to the fact that notes covering loans to the California Physicians' Service did not bear interest. It was the consensus of the Council that this was the intent when the authorization of the loans was made, and therefore no interest is to be specified on the two $6,000 loans (one for December, the other for January), authorized at the October 7, 1939, meeting of the Council.

General Counsel Peart stated that the interest provided for on any loans which may be made from the Indemnity Defense Fund, was specified because that was a trust fund. It was stated that, up to the present time, no loans had been made from Indemnity Defense Fund balances.

16. **Budget for Year 1941.**

There being no further revision of the budget for the year 1941 as prepared by the Auditing Committee and approved by the Council, consideration was deferred until the annual session at Coronado.

17. **Library Donations by the California Medical Association.**

Chairman of the Auditing Committee, Dr. Philip K. Gilman, stated that he had requested reports from Lane and Barlow Medical Libraries concerning their respective services to the medical profession, these two libraries having been the recipients of money grants from the California Medical Association during the last several years.

The report of the Lane Medical Library, stressing the value and necessity of such donations, was read.

It was moved by Frank MacDonald, seconded by George Reinle, that the letter received from the Lane Medical Library (and also that received from Barlow Medical Library of the Los Angeles County Medical Association) be published in the OFFICIAL JOURNAL for the information of members. Carried.

The Council suggested that a copy of the letter be sent to the Washington, Oregon, and Hawaii Medical Societies,

calling attention to the value of the work rendered by the Lane Library.

18. **Annual Session Equipment.**

The Treasurer called the attention of the Council to the fact that the Bausch & Lomb Optical Company, who under a previous administration, during March, 1938, had furnished new lanterns and rebuilt several old pieces of apparatus of the California Medical Association, had never submitted a bill for the costs, and were now asking that the purchases be paid.

It was moved by Charles Dukes, seconded by F. N. Scatena, that the bill of Bausch & Lomb, in the amount of $497.93, be approved. Carried.

19. **Stenographers' Salaries.**

The Secretary presented the requests of Miss Smith and Miss Laughlin, clerical assistants in the headquarters' office, for increases in salaries.

It was moved by Henry Rogers, seconded by F. N. Scatena, that the Chairman of the Auditing Committee and the Secretary investigate, with power to act. Carried.

20. **Public Relations Counsel.**

Mr. Ross Marshall, Counsel on Public Relations for the California Medical Association Committee on Public Health Education (special assessment), outlined the work that was being carried on in relation to publicity in newspapers, magazines, through speaking engagements before luncheon and civic clubs, dissemination of health information to schools, adult forums, and other interested groups. Mr. Marshall also discussed possible publicity through films.

The Council deferred action on films for publicity, pending the report of the special committee which had been appointed by the Committee on Public Health Education to investigate this subject.

21. **Agricultural Workers' Health and Medical Association.**

Dr. Karl L. Schaupp, representative of the California Medical Association on the Advisory Board to the Agricultural Workers' Health and Medical Association, presented a detailed report of a recent inspection tour of California, New Mexico, and Arizona. Doctor Schaupp stated that $1,600,000 had been paid dentists and physicians for dental and medical care rendered to migrants: for hospitalization, $409,126; for drugs, $73,000; for nursing, $7,900; medical supplies, $26,000; special diets, $25,000. Doctor Schaupp stated that the total cost of care per family in California, including cost of administration, was $88.87, and in Arizona was $65 (covering a period from March, 1939 until December 31, 1939). The medical cost per family in California was $71, or approximately $31.51 per person, and the administrative cost was $15.85. Doctor Schaupp cited districts in which hospital facilities were not available, and stated that some provision for care of patients in emergencies was absolutely necessary. Doctor Schaupp reported that he had been asked by the Agricultural Workers' Health and Medical Association to request the Council of the California Medical Association to approve procedures that would provide medical centers for the emergency care of patients needing medical service.

Doctor Schaupp stated that at the present time it was contemplated to build one such emergency medical center in Arizona, but none were contemplated for California although later one might be built in an isolated district near Firebaugh, in Fresno County.

Discussion was then had of the possibility of furnishing, through the California Physicians' Service, medical care to those eligible for aid under the Agricultural Workers' Health and Medical Association.

It was moved by Harry H. Wilson, seconded by Louis A. Packard, that the Council of the California Medical Association recommend that arrangements be instituted to make it possible for the California Physicians' Service to become the medical service organization of groups under municipal, county, state, and federal relief, in order that the medical profession through its organization might, as soon as practicable, meet the great need of these unfortunate people for widespread efficient medical care. Carried.

22. **Public Health League.**

Mr. Ben Read, Secretary of the Public Health League of California, outlined the activities of his organization during the past months for the protection of the health of the public. He spoke briefly concerning legislation of interest to the profession, that might be considered during the present special session, such as the bill relating to granting of certificates by hospitals, a bill to make the recent nurses legislation workable, a health insurance bill providing for payment of premiums by employers, and a bill to permit transfer of funds from special to general fund. Mr. Read stated that health insurance would undoubtedly be presented as an initiative measure at the state election in November next.

23. **Noon Recess.**

At this point, a recess of the Council was declared for luncheon.

24. **Statistical Health Service Information.**

Discussion was had of the information available, through the State University of California, in relation to health insurance and medical economics. The possibility of collecting this data and compiling it in a manner that would be of value to physicians throughout the state was discussed.

It was moved by Charles A. Dukes, seconded by Frank MacDonald, that the Council authorize the Committee on Public Health Education to expend necessary funds to gather statistical and other information on compulsory health and medical service plans. Carried.

25. **Special Assessment Amendments.**

The Secretary was instructed to send copies of a proposed by-law, prepared by Legal Counsel Peart, to all members of the Council for their information and suggestions.

26. **Indemnity Defense Fund.**

The General Counsel read a letter addressed to the Trustees of the Indemnity Defense Fund, calling attention to the fact that a Lloyd's policy had been purchased to cover any legal liability in regard to malpractice, which might be incurred by the Indemnity Defense Fund during the remaining period of its existence.

27. **Journal to Lay Members of California Physicians' Service.**

It was moved by Charles Dukes, seconded by Earl Moody, that the request of the California Physicians' Service that copies of the OFFICIAL JOURNAL be sent to lay members of its Board of Trustees and Administrative Board be granted. Carried.

28. **Sacramento Society for Medical Improvement.**

The Chairman stated that the Sacramento Society for Medical Improvement had been invited to send representatives to this meeting to discuss the California Physicians' Service.

Doctor MacDonald stated that provision for the care of indigent citizens and compilation of actuarial statistics were two of the features in which the Sacramento Society was particularly interested, and that since it had been brought out that these were now being considered, he felt that in time a solution of the problem would be forthcoming.

Doctor Schaupp stated that he wished Doctor MacDonald to convey to the members of the Society that the

Council of the Association appreciated the viewpoints of members of the Sacramento Society for Medical Improvement, and that the Council felt that, in time, the members of that county society would see that the future of the California Medical Association and the practice of medicine depended in large measure on the success of the California Physicians' Service, and that the Council, therefore, looks forward to the coöperation of the Sacramento Society for Medical Improvement in making California Physicians' Service a success.

C. Kelly Canelo read a letter addressed to Doctor Kilgore, regarding medical coverage, for the information of the Council.

29. **California Physicians' Service.**

The Council discussed methods by which the profession in the various areas of the state could be more accurately informed on California Physicians' Service.

It was moved by George Reinle, seconded by Harry Wilson, that it is the policy of the Council of the California Medical Association to expect all county medical societies to organize their memberships into groups, dividing them into units as a matter of convenience, with colonels, captains, and lieutenants, so that an associated leader shall be able to contact the colleagues individually, and in such manner that every member of the Association would be interviewed and his views and attitude in regard to California Physicians' Service ascertained, each leader to report back to the head of his group. In this way it is hoped that California Physicians' Service may know how to proceed to better advantage in obtaining its objectives.

It was moved by Harry Wilson, seconded by Louis Packard, that a committee of three, consisting of President Dukes, Chairman of Public Relations Committee Reinle, and C. Kelly Canelo, be appointed to act as a steering committee in the development of this plan, taking over the responsibility of supervising its efficient establishment. Carried.

30. **Executive Session.***

The Council then went into executive session for a consideration of special matters and reports.

31. **Board of Medical Examiners.**

The Secretary reported that the mail vote of the Council concerning the terms of office of Dr. Charles B. Pinkham and Dr. William R. Molony, Sr., as members of the Board of Medical Examiners, showed all members were in favor of their reappointment and that letters of endorsement had been sent in the name of the Association to Governor Culbert Olson.

32. **Needy Members; Life Memberships.**

General Counsel Peart submitted a draft of the proposed amendments to the by-laws to provide for aid to needy members of the California Medical Association, and for life membership in the California Medical Association.

It was moved by C. Kelly Canelo, seconded by F. A. MacDonald, that the proposed amendments to the by-laws, regarding needy members and life membership in the California Medical Association be referred to the special committee on revision of the Constitution and By-Laws. Carried.

33. **Annual Session.**

Doctor Kress, as chairman of the Committee on Scientific Work, reported that the Section on Medicine and allied specialties sections had invited E. H. Rynearson of the Mayo Foundation as a guest speaker, and that the Section on Surgery and allied specialties sections had invited I. S. Ravdin of the University of Pennsylvania. Dr. W. H. Bueerman, Portland, of the Multnomah County Medical Society, had also been invited for the opening session of Monday, May 6, to speak on the medical service plan of the Multnomah County Medical Society.

The Committee on Scientific Work also requested authorization to invite as guest speakers the Doctors Lawrence, to appear on the Thursday meeting.

On motion of F. N. Scatena, seconded by C. Kelly Canelo, this request was approved.

The Council, on motion of F. N. Scatena, seconded by F. A. MacDonald, approved the invitation of the anesthesiology section, extended to E. A. Rovenstein.

34. **Entertainment.**

On motion of A. E. Anderson, seconded by C. Kelly Canelo, the sum of $200 was authorized to cover expense of entertainment, in connection with the annual session at Coronado.

35. **Films.**

Discussion was had of the cost of presenting a continuous film program at the Coronado annual session. It was decided that, because of the cost, limited space facilities, and change in the program set-up, the proposed plan be not tried out at this session. It was agreed that 16 mm. films could be presented between the hours of 4 to 6 p. m.

It was moved by C. Kelly Canelo, seconded by E. E. Moody, that the expense for demonstration of professional films be not allowed. Carried.

36. **Golden Gate Exposition.**

It was moved by George D. Maner, seconded by C. Kelly Canelo, that the California Medical Association continue its coöperation in the Golden Gate International Exposition, if the same can be done without further cost to the Association.

37. **Humboldt County Medical Society.**

Discussion was had of a medical service corporation operating in Humboldt County. General Counsel Peart, in an opinion based on the facts received by him, stated that he believed the organization referred to was guilty of illegal practice of medicine, and suggested that remedial action might be instituted through the district attorney or the Board of Medical Examiners.

It was moved by Henry Rogers, seconded by Harry Wilson, that the Council of the California Medical Association address a letter to the Board of Medical Examiners, requesting it to investigate and take appropriate action. Carried.

38. **Corporate Practice.**

Legal Counsel Peart stated that he had written to Dr. B. W. Hummelt, regarding facts concerning the medical and hospital services offered by a mining company at Nevada City.

39. **Social Security Taxes.**

It was moved by George Reinle, seconded by Elbridge Best, that the Legal Counsel be authorized to bring suit for refund of moneys paid for Social Security taxes, to cover the period during which a prior ruling had exempted the Association. Carried.

40. **Smith vs. Kern County Medical Society.**

The General Counsel reported that an appeal had been filed in the case of *Smith* vs. *Kern County* Medical Society.

41. **Graun vs. Harder.**

General Counsel Peart reported that in the case of *Graun* vs. *Harder* a motion to dismiss had been filed and the case was at an end.

42. **Malpractice Insurance.**

Doctor Reinle of the Public Relations Committee and Legal Counsel Peart discussed the present status of mal-

* Minutes on file in the Headquarters Office.

practice insurance in California. Doctor Reinle stated that at present there seemed to be but one American company writing malpractice insurance in California, and that for only a limited amount, and with provision for limited practice. Mr. Peart stated that he had received information that a second company was now writing medical defense insurance in San Francisco. Doctor Reinle stated that the Committee on Public Relations was compiling a booklet on medical defense, and hoped to send a copy to all members of the Association within a few weeks.

43. **Hospital Liability.**

A letter from the Association of California Hospitals regarding effects of an adverse decision of the Supreme Court, regarding liability of nonprofit institutions for the acts of their servants, was presented; and in accordance with previous action of the Council it was referred to the Committee on Public Policy and Legislation.

44. **Association of California Hospitals.**

It was moved by George Reinle, seconded by A. E. Anderson, that the letter from the Association of California Hospitals, dated February 10, 1940, relating to an initiative measure on health insurance, be referred to the Committee on Public Policy and Legislation. Carried.

45. **National Physicians Committee for Extension of Medical Service.**

The Secretary reported briefly on the present status of this new organization and stated that he had been advised by the Executive Administrator that California ranked second in list of contributors and contributions. Also that President Dukes had been elected a member of its Executive Board.

It was moved by C. Kelly Canelo, seconded by Elbridge Best, that the National Physicians Committee for the Extension of Medical Service be approved. Carried.

46. **Council Report.**

It was moved by Harry Wilson, seconded by C. Kelly Canelo, that the report of the Council be put in form by the Chairman and copies be mailed to all councilors for suggestions, revisions, etc., prior to appearing in the "Pre-Convention Bulletin."

47. **Medical Émigrés.**

The Secretary called attention to a letter received from the Boston Committee on Medical Émigrés. No action taken.

48. **Sobisminol.**

It was moved by Henry Rogers, seconded by A. E. Anderson, that the action of the California State Board of Pharmacy in placing "Sobisminol" under Schedule "C" of the Poison Act, be approved. Carried.

49. **Telephone Listing.**

It was suggested that the listing of cultists under "Physicians and Surgeons" headings in telephone directories be called to the attention of the telephone company, since an explanation of the improper listing in some counties had resulted in the removal of offending names.

50. **Loans of Annual Session Lanterns and Equipment.**

In considering the advisability of loaning balopticon lanterns to allied organizations, it was moved by C. Kelly Canelo, seconded by F. A. MacDonald, that the Executive Committee consider each such request for loan of lanterns and similar equipment, and that loans be limited to those organizations which are approved by the Executive Committee.

51. **Committee on Public Health Education.**

It was moved by Henry S. Rogers, seconded by George Reinle, that the minutes of the Committee on Public Health Education, January 28, 1940, be approved.

52. **Adjournment.**

Motion to adjourn was unanimously carried.

GEORGE H. KRESS, *Secretary.*

Approved:

KARL L. SCHAUPP, *Chairman.*

ANNUAL CONFERENCE OF COUNTY SOCIETY SECRETARIES AND OFFICERS AND COMMITTEEMEN OF CALIFORNIA MEDICAL ASSOCIATION

The fourth annual secretarial conference met in the Empire Room, on the second floor of Sir Francis Drake Hotel, San Francisco, on Sunday, February 18, 1940, at 9:30 a. m.

Members of the Conference included: California Medical Association councilors and committeemen; and County Society secretaries. For editorial comment, see page 105.

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Program follows:

President Charles A. Dukes, Oakland, Presiding

9:30 a. m. — Announcements by Association Secretary Kress.

PART I.—MORNING CONFERENCE

I. 9:35 a. m. — Introductory Remarks by President Dukes.

II. California Physicians' Service.
Progress report by Alson R. Kilgore, Secretary.
Open discussion and questions followed.

III. Committee on Public Health Education (House of Delegates Committee: Special assessment).
Progress reports and talks by:
Frank R. Makinson, Committee Chairman.
Ross Marshall. Committee's Counsel on Public Relations.
Mr. Ben Read, Secretary, Public Health League of California.
Open discussion and questions followed.

IV. (Part B). California Medical Association Committee on Public Policy and Legislation.
Progress report by Junius B. Harris, Committee Chairman.
Open discussion and questions followed.

V. California Medical Association Committee on Public Relations.
Progress report by George G. Reinle, Committee Chairman.
Open discussion and questions followed.

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PART II.—NOON LUNCHEON AND REST PERIOD

VI. 12:30 p. m.—Recess for Luncheon. In French Room (lobby to Empire Room).

* * *

PART III.—AFTERNOON CONFERENCE

VII. 2-2:30 p. m.—Conferences of Standing and Special Committees, and of the Conference Organization of County Society Secretaries. During this period, members of committees conferred concerning their work and reports to this Secretarial Conference, and also on reports to be submitted for publication in the "Pre-Convention Bulletin" (which will appear as a supplement to the April issue of CALIFORNIA AND WESTERN MEDICINE). The county secretaries convened under the chairmanship of Dr. Robert A. Peers of Colfax, Dr. Glenn Curtis of Orange County acting as secretary.

VIII. Reports from California State Boards.
1. California State Board of Medical Examiners, Dr. Charles B. Pinkham, Secretary.
2. California State Board of Public Health, Dr. Walter M. Dickie, Director.
3. Agricultural Workers Health and Medical Association. Dr. Karl L. Schaupp (member of the Board of Directors of this nonprofit corporation).

IX. Reports by California Medical Association Standing and Special Committees.
1. Committee on Associated Societies and Technical Groups, John V. Barrow, Chairman.
2. Committee on Health and Public Instruction, Roy E. Thomas, Chairman.
3. Committee on History and Obituaries, Frank R. Makinson, Chairman.
4. Committee on Hospitals, Dispensaries, and Clinics, J. Norman O'Neill, Chairman.
5. Committee on Industrial Practice, Donald Cass, Chairman.
6. Committee on Medical Defense, George G. Reinle, Chairman.
7. Committee on Medical Economics, John H. Graves, Chairman.
8. Committee on Medical Education and Medical Institutions, L. R. Chandler, Chairman.
9. Committee on Membership and Organization, George D. Maner, Chairman.
10. Committee on Postgraduate Activities, Dwight L. Wilbur, Chairman.
11. Committee on Publications, Ralph B. Eusden, Chairman.
12. Cancer Commission, Alson R. Kilgore, Chairman.

X. Question-Box Hour: "The Good of the Association." The remainder of the session was set aside for questions on matters pertinent to "The Good of the Association."

XI. Adjournment.

OFFICIAL VISITS BY PRESIDENT CHARLES A. DUKES AND PARTY

During the last year, a total of about eight thousand miles have been covered by President Charles A. Dukes and Association Secretary-Editor George H. Kress in their visits to component county medical societies. Among recent visits note may be made of the following:

San Joaquin County Medical Society.—On Thursday, February 1, President Dukes, Councilor Anderson, and Secretary Kress were guests of the San Joaquin Medical Society at Stockton. There was an excellent attendance, the guest speakers discussing organization problems.

* * *

Merced County Medical Society was visited on Thursday, February 15, by Doctors Dukes, Anderson, and Kress, the meeting being held in the city of Merced. Here, also, much interest was shown in the legislative and organization problems under discussion.

* * *

Alameda County Medical Society, at its meeting held on Monday, February 19, presented a conjoint program. District Councilor O. D. Hamlin introduced President Dukes and Secretary Kress, these state officers calling attention to modern-day problems in medical organization, and speaking also on activities of the California Medical Association. They were followed by Dr. T. Henshaw Kelly, Dr. Alson R. Kilgore, and Dr. Daniel Crosby, who spoke on California Physicians' Service. W. Earle Mitchell gave a report on the Insurance Association of Approved Hospitals. Editorial comment is made in this issue concerning this meeting, at which more than five hundred members were present. (See page 104.)

* * *

Santa Clara County Medical Society on Wednesday, February 21, welcomed President Dukes, District Councilor Canelo, and Secretary Kress in a meeting held in San Jose. Here, also, many members were in attendance, the question period on topics discussed prolonging the meeting quite beyond the usual closing hour.

* * *

Tulare County Medical Society was visited by President Dukes, Councilor Anderson, and Secretary Kress on Sunday, February 25, in a meeting held at Visalia. In spite of the inclement and rainy weather, there was a good attendance of the Society's members. The Woman's Auxiliary also held a dinner meeting. Many questions were asked concerning medical service plans and problems.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

During the month your Committee on Public Health Education definitely launched, after thorough investigation, two phases of public relations work of far-reaching possibilities. One, which was accomplished, was the purchase of literature on health subjects, particularly stressing the relative positions of doctors of medicine and cultists, for distribution, under the supervision of the college physician, to students at Pomona, Scripps, and Claremont colleges. After a three months' trial, should this service prove to be of sufficient value, it is planned to extend it to all universities or colleges in California, so far as funds permit.

The other phase above mentioned was the essay contest planned for pupils in the high schools of California, to be on medical or health subjects selected by your Committee, with nominal prizes for winning students. It was decided to go ahead with this plan, and a subcommittee was appointed to work out the details. The advantages of instilling into the formative minds of the youth the proper perspective regarding the medical profession are obvious.

Your public relations counsel, Mr. Ross Marshall, reported that 1,564 members of the California Medical Association have returned the affiliation postcards sent out with Bulletin No. 2. The Committee thanks the doctors who returned the cards and earnestly urges those who have not done so to do so at once. Indicative of the value of these cards in our work are the requests from the Los Angeles and San Diego county societies that copies of the cards for their respective counties be furnished them.

Your Public Relations Counsel attended the annual convention of the California Newspaper Publishers' Association at Coronado and reports that the relations between the newspaper publishers and the medical profession are in almost every instance very good. He found publishers were very appreciative of the paragraph in our Bulletin No. 2, urging doctors to place orders for their stationery

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Karl L. Schaupp, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Dewey R. Powell, Stockton; Charles A. Dukes (ex officio), Oakland. Mr. Ross Marshall is the public relations counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone TUcker 2312), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

with newspaper publishers who conduct job-printing plants, and that publishers frankly said such evidence of a desire to coöperate, if carried out, would produce tangible results.

Your Committee approved negotiations by your Public Relations Counsel with the State Department of Education for furnishing doctor-speakers for the program of Adult Education Discussion Forums in the high schools of California. Advocates of compulsory health plans have been taking advantage of this means of reaching the public, and our desire is to combat this by presenting our viewpoint. County secretaries and speakers' bureau secretaries have been requested to furnish names of doctors who will be available for this service.

Your Public Relations Counsel spoke at meetings of the Orange, Riverside, and San Bernardino county societies (combined meeting) and the Monterey County Medical Society.

A state-wide publicity story quoting authorities that compulsory health plans have a tendency toward Communism or Naziism was sent out and received a good reception in the newspapers of the State. R. M.

* * *

The meeting was called to order at the Jonathan Club, Los Angeles, Sunday, January 28, 1940.

All members of the Committee, except Doctors Dewey Powell and Charles A. Dukes, were present. Messrs. Ben Read and Ross Marshall were also present.

1. **Minutes.**

The minutes of the last meeting were approved as submitted, and Secretary Schaupp announced that the minutes had also been approved by the Council, with the exception that the employment of an economist for this Committee was not approved.

2. **Unfinished Business.**

(a) *Hygeia Subscriptions.*—Moved by Doctor Makinson that the action in sending subscriptions of *Hygeia* to the eleven colleges listed in letter dated January 18, 1940, to the American Medical Association be approved. *Carried.*

(b) *Essay Contests.*—Dr. Samuel Ayres was appointed chairman and Dr. Thomas Card was made a member of the Committee on Essay Contests in High Schools and Junior Colleges, with instructions to select three other members to serve on the Committee. *Carried.*

It was the sense of the Committee that the three additional members of the Committee on Essay Contests need not necessarily be physicians.

(c) *Public Health Information and Publicity.*—Dr. Thomas Card, Mr. Ross Marshall, and Dr. J. F. Griggs of Pomona College were named a committee to study the experiences of Pomona College in the distribution of public health information to students in the school by means of pamphlets from the American Medical Association.

(d) *Information on Medical Economics.*—It was moved that Doctor Kress be requested to make a contact with the National Physicians Committee in regard to information on health insurance which might be furnished by an economist on their staff. *Carried.*

(e) *Annual Session at Coronado.*—It was moved, seconded, and carried, that Doctor Makinson make the report for this Committee at the general meeting of the California Medical Association at Coronado in May.

(f) *Public Relations Counsel.*—Mr. Ross Marshall presented a report as Public Relations Counsel.

3. **New Business.**

(a) *Publicity for California Physicians' Service.*—Dr. Samuel Ayres, at the request of California Physicians' Service, asked that Mr. Marshall be allowed to give news releases in relation to California Physicians' Service when opportunity afforded and that California Physicians' Service be given publicity in speaking engagements of members of the Speakers' Bureau.

It was moved, seconded and carried, that the Committee on Public Health Education include publicity regarding California Physicians' Service with its other activities.

(b) *Speakers for Adult Education Classes.*—It was moved and seconded that the Speakers' Bureau furnish names of speakers on appropriate subjects to Mr. Verne Landreth for participation in adult education forums and that the necessary travel expenses for speakers be paid by this Committee. *Carried.*

(c) *Publicity Through Motion Pictures.*—Mr. Dwaine Esper appeared before the Committee with the suggestion of using motion pictures as a means of spreading favorable medical information. Dr. Samuel Ayres, Chairman, and Doctors Goin and Card were appointed a committee to investigate this type of publicity and to make recommendations.

(d) *Medical Libraries.*—Dr. Dewey Powell was named chairman of a committee to recommend books on medical subjects for placement in public libraries, with power to appoint the remaining members of the Committee.

4. **Adjournment.**

There being no further business, the meeting adjourned.

KARL L. SCHAUPP, *Secretary.*

Approved:

FRANK R. MAKINSON, *Chairman.*

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

THE NATIONAL HEALTH ACT

Excerpts which follow are from an address by Hon. Edward R. Burke, Congressman from Nebraska, given before the Chicago Medical Society on December 6, 1939:

"The so-called National Health Act, S. 1620, introduced by Senator Robert F. Wagner of New York, in February, 1939, and considered at extensive hearings before a subcommittee of the Senate Committee on Education and Labor during April, May, June, and July, is approaching a stage requiring a decision by the Congress. It is assumed that the bill may be reported to the Senate during the coming session and that it may be pressed to a vote in both Houses while the primary and election campaigns of 1940 are in progress.

"Seldom has more formidable propaganda in behalf of legislation been organized than in the case of this measure. The bill had its genesis in the work of committees organized under the President's Committee on Economic Security, which formulated the general outlines of the program incorporated in the Social Security Act of 1935. Following the enactment of that law President Roosevelt, in August 1935, appointed the Interdepartmental Committee to Coördinate Health and Welfare Activities. The Committee, with the assistance of a technical committee, selected from Government departments, prepared the comprehensive program which is the basis of the present Wagner Bill. A general conference, selected for the most part from groups known to be favorable, considered the program in July, 1938. President Roosevelt submitted the report of his committee, together with his own endorsement, to Congress in January, 1939.

†The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. George G. Reinle of Oakland is the chairman, and Dr. George H. Kress is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Dr. George H. Kress, Room 2004, Four Fifty Sutter Street, San Francisco.

"The bill upon its introduction in the Senate was referred to the Committee on Education and Labor rather than to the Committee on Finance, which was in charge of the Social Security Act and which in the 1939 regular session reported and obtained the enactment of comprehensive amendments to the original law. The present Wagner Bill is in the form of amendments to several titles of the Social Security Act, with all of which the Finance Committee is intimately familiar. The assumption is that the proponents of the bill believed the prospect for complete approval of their far-reaching plan was better at the hands of the Committee on Education and Labor, whose members were selected chiefly because of their interest in subjects related to education and labor, rather than if it were entrusted to the Committee on Finance, whose members have as their primary responsibility the raising of revenues to meet the costs of the Government.

"The subcommittee which conducted hearings was composed of Senators James E. Murray of Montana (chairman), Vic Donahey of Ohio, Allen J. Ellender of Louisiana, and Robert M. LaFollette of Wisconsin.

Objectives Worthy—Means Doubtful

"Emphasis upon objectives rather than methods has become a common practice in the promotion of panaceas for existing evils. The official title of the bill, 'the National Health Act of 1939,' appears to indicate a program to which no objection can be advanced. The title, however, typifies the objectives rather than methods of accomplishing them. Everyone wishes to promote the national health. Anyone found in opposition is accused of sinister motives. A member of Congress seeking reëlection takes his political life in his hands when he ventures to vote against a bill which, on its face, advances the health of the nation and provides better care for the underprivileged portion of the population. . . .

Four Objections

"Objection to the pending National Health Act may be grouped around four points as follows:

"1. Enactment of the legislation would be a further step toward a centralization of authority in the Federal Government and a destruction of the sovereignty of the states.

"2. Paternalistic features of the plan would weaken the moral fiber and tear down habits of self-reliance and the exercise of individual initiative which have been fundamental characteristics of the American people under our system of government.

"3. The origin and manner of presentation of the program afford a striking example of the tendency of bureaucracy to expand its power.

"4. Cost of the program, on top of tremendous obligations already assumed for social services, would be a serious drain on the budgets of Federal and State Governments, and its financing would add a further obstacle to the functioning of our economic structure.

State Sovereignty Destroyed

"The dual system of government, under which the Federal Government and the States each possess sovereignty in their respective fields, has been one of the checks and balances which has kept the United States on an even keel through the years. It has helped to prevent a centralization of authority in the Federal Government, which inevitably would have led to abuses of power resulting in a breakdown of the governmental system. Except for the existence of the checks and balances provided by the dual form of government, the division of powers of the Federal Government among three coördinate branches, and the guaranties of individual liberties in the Bill of Rights, the United States might have been caught in the world movement toward dictatorship. Even with the existence of these checks, we have witnessed an alarming tendency toward centralization of power.

"From the beginning of our Government, matters relating to the health of the people have been primarily the concern of the states and local governments. It has been contrary to our system to regiment our people from Washington, even if the regimentation is intended to improve their health. . . .

"In the past decade the storm and stress of depression have been responsible for a very great increase in federal power at the expense of the states. To some extent this movement has been based on necessity. . . .

"The proponents of the National Health Act emphasize that it does not provide for federal administration of the expanded health program. As described by the President in his special message to Congress last January, 'the essence of the program recommended by the committee is federal-state coöperation.' It is true, as he stated, that the bill, instead of proposing a great expansion of federal health services, provides for a comprehensive program to be administered by states and localities with the assistance of federal grants-in-aid.

"Nevertheless, the program contemplates the expenditure of federal funds to meet a very considerable part of the costs and requires federal approval of the original plans of the states and of their administration. The Federal Government proposes to coerce the states into embarking upon elaborate health programs, whether or not an acute need may exist or whether the local share of the funds might be better expended for other purposes. Thereafter, the Federal Government proposes to remain in complete control, a state exercising its discretion only at the peril of being cut off from federal funds.

"The Federal Government will be in a position to coerce the states to adopt health programs. . . .

"In effect, the sovereignty of the states will be destroyed. The administrative agencies in the states will become mere puppets of the Federal Government. All of this would not be strange in a totalitarian government of Europe, but it would represent a flagrant violation of our principles of government. . . .

"According to the sponsors of the plan, total expenditures of the Federal Government and the states by the time the program has been in operation for ten years will amount to as much as $850,000,000 annually. The federal part of this cost will be considerably more than the $270,000,000 indicated for the third fiscal year. . . .

Red Tape

"Some idea of the maze of red tape which will be involved in the contacts between the States and the Federal Government may be gained from this scattering of authority among these three different federal agencies. It is more than likely that in most States all of the health services will be under a single agency, which will be subject to the orders of three federal agencies, the Children's Bureau, the Public Health Service, and the Social Security Board. . . .

"It requires no further elaboration of the details of the legislation to prove that the Federal Government will be in complete control of activities which under our system of government are the primary responsibility of the states, counties, and municipalities. The system of dual sovereignties is completely destroyed with respect to these activities.

"The entire program smacks of paternalism. It is proposed that the Government do for citizens what they have been accustomed to do for themselves. Such a program is not out of place in Socialistic or Fascist governments, but is in sharp contrast to the habits of individual initiative and self-reliance which have formed the basis of our system of free enterprise.

"Our experience with relief programs in recent years has given everyone first-hand evidence of the demoralizing effects of a paternalistic system. Provision for relief has been necessary, but it has been demonstrated conclusively that the dispensing of relief on too liberal a basis and without local responsibility for its cost is weakening the moral fiber of our citizens.

"The testimony before the Senate subcommittee made it evident that the health program has been drafted on a basis far more liberal than can be justified by actual needs.

Heads Toward Socialized Medicine

"Health insurance figures prominently in the program, although details as to the proposed state laws seem to be kept purposely in the background. While the Wagner Bill says nothing about compulsory health insurance, there is no question but that it is in contemplation. It means that federal bureaucracy will exert pressure upon the states to enact laws making this form of insurance compulsory to the same extent as unemployment insurance and old-age pensions. The model bill of the American Association for Social Security, which has been introduced in many state legislatures, provides for contributions from employers, insured employees, and the state government, the three classes of contributions totaling 6 per cent of the wages of insured persons.

"It is not strange that the American Medical Association has objected to health insurance with its regimentation of the medical profession to provide treatment in wholesale quantities to persons insured. The doctors are well aware that the treatment thus given in European countries which have health insurance is vastly inferior to that under our system of private practice; that the availability of health insurance in those countries has encouraged idleness of workers with minor ailments; that the medical statistics of such countries show that instead of improving the health of the people as a whole, the opposite has been true; and that far greater progress has been made in the United States without any system of subsidized medicine.

"It has long been recognized that one of the greatest evils of a government bureaucracy is its tendency to perpetuate and expand its power. No more glaring instance of such a tendency has ever come to light than the movement for the adoption of the National Health Act. The program was drafted within the federal bureaucracy with a singular disregard for the opinions of organizations of the professions most familiar with existing needs.

"The original sponsors of the program were Government officials and employees. The committee which presented the plan to the President was named by him and designated as the Interdepartmental Committee to Coordinate Health and Welfare Activities. Chiefly responsible for the details of the plan was a group known as the Technical Committee for Medical Care. The only members of this committee were employees of the Children's Bureau, the Social Security Board, and the Public Health Service. The testimony before the Senate subcommittee shows that the American Medical Association, the American Dental Association, and various organizations of other similar groups with a recognized standing were not consulted in the original framing of the program. The suggestions made subsequently by these groups when so-called conferences took place were completely ignored.

Need Not Shown

"There is a mass of evidence before the subcommittee to show that many of the assertions with respect to the need for the legislation are erroneous. Sponsors of the program are accused of exaggerating the situation with respect to a present lack of adequate medical care. Spokesmen for religious as well as other groups which maintain hospitals testified that their capacity is greatly in excess of actual demands, and that construction of public hospitals on the scale contemplated is unnecessary and would be injurious to existing institutions. . . .

Confidence in Medical Profession

"In the face of the realities of the situation the proposal recently made by the trustees of the American Medical Association for the creation of a Federal Health Agency, headed by a secretary in the President's Cabinet, or a commission including competent physicians deserves consideration. The program suggested for coördination of health functions of the Federal Government, the appropriation of funds by Congress for allotment to such states as show actual needs in connection with the prevention of disease, promotion of health, and the care of the sick, continuance of primary local responsibility for the public health, utilization of existing medical and hospital facilities to the utmost, continued development of the private practice of medicine, and such expansion of public health and medical services as is consistent with the American system of democracy seems eminently sound.

"Unless the American form of government is to be gradually broken down, the United States should not tolerate a socialization of medicine or the complete assumption by the Federal Government of responsibility for the public health at the expense of the sovereignty of the states. Congress should resist the movement sponsored by the Federal bureaucracy for the broadening of its powers under the terms of the so-called but misnamed National Health Act."

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Interest continues to grow in the postgraduate or clinical conferences. These refresher courses can be arranged through correspondence with the Association Secretary, Dr. George H. Kress, 450 Sutter, San Francisco. County societies which have not appointed a Committee on Postgraduate Work are requested to do so. Committees already appointed are urged to initiate the work in their districts. Reports on some recent clinical conferences follow:

Orange County Clinical Conference

At Santa Ana, in the Ebell Club House, on Thursday, January 25, a clinical conference was held under the auspices of the Orange County Medical Society.

PROGRAM

4:00-5:00 p. m.—Arthritis, Pierre J. Walker.
5:00-6:00 p. m.—Care of the Preschool Child, H. R. Cooder.
6:00-7:00 p. m.—Dinner.
7:00-8:00 p. m.—Fractures of the Forearm, Stelle F. Stewart.
8:00-9:00 p. m.—Infections of the Urinary Tract, J. J. Crane.

* * *

Clinical Conference: Sponsored by Monterey County

A postgraduate course was given at Salinas, in the Monterey County Hospital on Thursday, February 1. Members of the Santa Cruz, San Benito, and Monterey County Societies were invited to participate in the Conference.

PROGRAM

9:30-12 noon—Six Gastro-Intestinal Problems, F. Kruse, David Wood, and Eric Liljencrantz.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary.

12:30-1:30 p. m.—Luncheon at Santa Lucia Inn.

2:00-4:30 p.m.—Clinical-Pathological Conference; Gastro-Intestinal Diseases; microprojections with specimens, etc., Drs. Kruse, Wood, and Liljencrantz.

7:00-8:30 p. m.—Dinner at Santa Lucia Inn.

8:45-10:30 p. m.—Three twenty-minute papers with slides, etc., on "Newer Diagnostic and Therapeutic Measures on Gastro-Intestinal Tract Diseases," Drs. Kruse, Wood, and Liljencrantz.

* * *

Riverside County Clinical Conference

A Tri-County Clinical Conference was held at Riverside, in the Mission Inn, on Wednesday, February 14. The Conference started at 4 p. m. It was held under the auspices of the Riverside County Society, members of the San Bernardino and Orange County Medical Societies also coöperating.

PROGRAM

4:00 p. m.—Tumor Clinic, Clyde K. Emery of Los Angeles and Franklyn D. Hankins of Riverside.

5:00 p. m.—The Laboratory in General Practice, Alvin G. Foord of Pasadena.

6:00 p. m.—Dinner recess.

7:00 p.m.—Types of Cardiac Failure and Their Treatment, William Paul Thompson of Los Angeles.

8:00 p. m.—Lesions of the Colon and Their Surgical Treatment, Verne C. Hunt of Los Angeles.

* * *

San Bernardino County Clinical Conference

A postgraduate conference for Orange, Riverside, and San Bernardino County members was held at the San Bernardino County Hospital on the afternoon and evening of Tuesday, March 5.

PROGRAM

4:00 p. m.—Low Back Pain.
Dr. Alfred E. Gallant, Professor of Orthopedics at the College of Medical Evangelists, conducted a clinic, demonstrating the various tests for low back pain and their interpretation and discussed the newer concepts in treatment.

5:15 p. m.—Vitamins: Their Uses and Abuses.
Dr. Dwight Wilbur, Professor of Medicine at Stanford Medical College.

6:30 p. m.—Dinner.

7:30 p. m.—Clinical Round Table.
This was participated in by Dr. Edmund Andrews, formerly professor of surgery at Chicago University, and Dr. Dwight Wilbur. The attending staff at the County Hospital presented two abdominal case histories. This was carried on in a bedside manner and was made very practical. In addition, one thyroid case was presented.

* * *

Kern County Clinical Conference

PRELIMINARY ANNOUNCEMENT

The Kern County Medical Society will sponsor a postgraduate conference in Bakersfield on March 16.

An unusually good program is being formulated, and each speaker will be an authority on his subject.

The Woman's Auxiliary is planning entertainment for all visiting Auxiliary members. A dinner dance will be given in the evening. Arrangements have been made for a golf tournament on Sunday, March 17, at the Stockdale Country Club.

COMMITTEE ON SCIENTIFIC WORK

ANNUAL SESSION PROGRAMS

In Los Angeles, on Sunday, January 28, at the Jonathan Club, Sixth and Figueroa streets, commencing at 9 a. m., the California Medical Association Committee on Scientific Work met with the secretaries of the twelve scientific sections to receive progress reports and to arrange in final form the programs and schedules for the general meetings and those of the scientific sections.

In the November issue of CALIFORNIA AND WESTERN MEDICINE, on page 289, the plans previously agreed upon were outlined. The programs with abstracts of papers of essayists will appear in the "Pre-Convention Bulletin," which will be issued as a supplement to the April issue of CALIFORNIA AND WESTERN MEDICINE.

Mornings will be given over to general meetings, no section meetings being held during these hours.

Specialty sections will meet on Monday and Wednesday afternoons. The Section on Surgery will also hold a meeting on Thursday afternoon.

Hotel information was given in the November issue of the OFFICIAL JOURNAL, on page 333. For detailed information consult the "Pre-Convention Bulletin," which will appear in April.

CALIFORNIA PHYSICIANS SERVICE†

Bulletin

Status as of February 15.

Total groups	275
Total members	8,000
Unit value (December)	$1.60

The most important problem confronting the medical profession in California today is the education of its members concerning California Physicians' Service. Ninety per cent of the obstacles encountered in attempting to enroll new groups revolve around a lack of understanding of the program on the part of individual doctors.

To cope with this the Council, at its last meeting, appointed a state-wide Steering Committee, consisting of Doctors C. A. Dukes, George G. Reinle, and C. Kelly Canelo.

At the meeting of county society secretaries on February 18, the subject was reviewed and plans made for activity in each county along educational lines. Committees will be formed in each county society with the intent that California Physicians' Service will be discussed with every doctor in the state and up-to-date information made available.

It can only be reiterated that California Physicians' Service belongs to no one group of doctors; it is the property of 5,150 professional members. If it is to meet the need for which it was organized—and if its growth is to be sufficient and swift enough to provide in itself an answer to recurring threats of compulsory health insurance—the whole-hearted active support of every doctor in California is essential.

The machinery is set up and running. We shall grow steadily and be all right if only a few doctors will quit giving the rest of us a black eye when they treat patients and talk to laymen about California Physicians' Service. Inform yourself and your associates, and use facts, not rumors, in conversation about your undertaking California Physicians' Service. Thank you.

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M.D., secretary. Mr. Allen Widenham, manager.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

COUNTY SOCIETIES†

HUMBOLDT COUNTY

The Humboldt County Medical Society met on Thursday, January 4, at eight o'clock at the General Hospital in Eureka. Mr. M. Wright, Rodent Inspector of the State Board of Health, gave a talk on his work in this area. Dr. Paul Hohman of the Department of Pediatrics at the University of California, explained the heart survey he is conducting among the school children in this vicinity.

The application of Dr. Rupert Hauser was read. Transfer of Dr. Wilson Stegeman to the Sonoma County Medical Society was approved. The resignation of Dr. Steven Fleming, on account of ill health, was accepted. The Secretary was instructed to write a letter to Doctor Fleming, expressing our appreciation of his services for the years he had been associated with us. A doctors' public-speaking forum was approved, and it was agreed that the medical society would provide speakers to the various service clubs upon request.

Plans for a joint meeting in April, with the nurses, dentists, and pharmacists, were made.

J. S. WOOLFORD, *Secretary.*

KERN COUNTY

The Kern County Medical Society held a regular meeting at the Bakersfield Firehouse Auditorium on Thursday evening, February 15. Dr. C. S. Compton presided.

Dr. Dee L. Stoops and Dr. F. E. Walthall, both of Bakersfield, were elected to membership in the Society at the meeting of the Board of Directors on February 13.

Dr. J. Headen Inman, Chairman of the Postgraduate Conference Committee, announced that plans were being completed for the conference to be held in Bakersfield on March 16, and that a large attendance of physicians was expected from Santa Barbara, Ventura, Tulare, and Kings counties. Dr. Chauncey Leake of the University of California has been invited to be the speaker at the evening dinner, which will be followed by a dance at the Stockdale Country Club. Other outstanding authorities are listed on the scientific program, and members have been urged to coöperate in this, the first postgraduate conference to be held in Bakersfield.

Dr. Lloyd Fox then introduced Mr. Ross Marshall of the California Medical Association Public Relations Committee, who spoke on the *Work of the Committee* and also on *California Physicians' Service.* It was decided that a speakers' bureau would be formed as soon as possible in the Society, to provide speakers for lay organizations. Dr. L. A. Packard also reported on California Physicians' Service.

ERIC COLBY, *Secretary.*

MONTEREY COUNTY

A joint meeting of the Monterey, San Benito, and Santa Cruz County Medical Societies was held on Thursday evening, January 4, at the Hotel Del Monte. President Mast Wolfson, presided. Dr. Charles A. Dukes, President of the California Medical Association, and Association Secretary-Editor Kress gave talks on *Problems Concerned with Organized and Scientific Medicine.* Dr. C. Kelly Canelo, District Councilor, and Doctors Garth Parker and Patrick Davlin, representatives of the California Physicians' Service, told of work already done in that medical service organization. Dr. Dwight L. Wilbur of San Francisco discussed briefly, *Vitamins.*

ARNOLD MANOR, *Secretary.*

SAN BERNARDINO COUNTY

The regular meeting of the San Bernardino County Medical Society was held at the San Bernardino County Charity Hospital on Tuesday evening, January 2.

The meeting was called to order by the president, Dr. Walter S. Cherry, at 8:15 o'clock when about seventy members and guests were present.

There being no business to transact, the program was immediately given as follows:

Recent Advances in Anesthesia, by L. M. Taylor of San Bernardino. Discussion was opened by A. D. Neubert of Redlands.

Testosterone and Such, by Walter Pritchard of San Bernardino. Discussion was opened by I. L. Finkelberg of San Bernardino.

Newer Treatment of Gas Gangrene, by F. E. Clough of San Bernardino. Discussion was opened by F. H. Folkins of Redlands.

X-Ray Therapy, by C. C. Owen of San Bernardino. Discussion was opened by C. A. Wylie of San Bernardino.

The Use and Technique of the Miller-Abbott Tube, by D. H. Brumbaugh of Redlands. Discussion was opened by R. A. Vargas of San Bernardino.

The meeting was adjourned at half-past ten, following which refreshments were served.

ARTHUR E. VARDEN, *Secretary.*

SAN JOAQUIN COUNTY

The regular meeting of the San Joaquin County Medical Society was called to order by President Hugh J. Bolinger in the Medico-Dental clubrooms, Stockton, at 8:15 p. m. on Thursday, February 1. The regular meeting was preceded by the customary supper meeting at the Hotel Wolf, where nineteen members and guests were present. The paper of the evening was presented by Dr. Dewey Powell, who spoke on his *Recent Attendance at the Midwinter Eye, Ear, Nose, and Throat Conference in Los Angeles.* Doctor Powell stressed the importance of the very careful use of silver preparation in the treatment of the human being.

A communication from Dr. Junius Harris was received, suggesting that the Medical Society write a letter to Governor Culbert L. Olson, requesting the reappointment of Doctor Pinkham to the State Board of Medical Examiners. Doctor Doughty made a motion that such a letter be sent; this was seconded from the floor. President Charles Dukes then proposed that the name of Dr. W. R. Molony, Sr., be included in the letter. This amendment was accepted by Doctor Doughty, and the motion carried. Another communication was read from Dr. A. E. Anderson, requesting the appointment of a committee to investigate needy members in this locality. Doctor Bolinger appointed Doctors George Sanderson (chairman), Neill P. Johnson, and W. W. Fitzgerald.

Doctor Broaddus then spoke on the Postgraduate Committee's Course for the present year. He also stated that any instruments that were no longer usable or being used would be appreciated if turned over to him. These instruments are to be reconditioned and sent to the Chinese Relief Organization for use in China. Dr. J. W. Barnes then spoke in memory of Dr. Barton J. Powell, telling of his life's history and general sterling character. He presented a portrait of Doctor Powell to the Medical Society to be hung in the Medical Society clubrooms. Doctor Barnes made a motion that a letter be sent to Doctor Powell's family, telling them of the sincere grief of the Society at his death. This motion was seconded and passed.

The meeting was then turned over to our guest speakers, Dr. A. E. Anderson, councilor of this district; President Charles Dukes of the California Medical Association; and

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Secretary George H. Kress of the California Medical Association. These speakers presented bird's-eye views of the activities of the California Medical Association and its sponsored affiliate, California Physicians' Service. The remarks of the three speakers produced considerable discussion from the floor and many questions were asked.

There being no further business to come before the Society, the meeting was declared adjourned at 10:10 p. m., when refreshments were served.

G. H. ROHRBACHER, *Secretary.*

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YUBA-SUTTER COUNTY

The monthly meeting was called to order by President Miller.

Dr. Harold R. Hennessy briefly discussed plans for the new venereal disease clinic. The appointment of the physicians to conduct the clinic was discussed by Doctors Linstrum, Wisner, Swift, Whitney, and Hennessy. It was decided that the appointment should be by President Miller and Doctor Hennessy.

Dr. Thomas G. Lupo was elected to membership.

Doctor Miller made mention that Miss Eleanor Hanna of the State Tuberculosis Association had been here and had contacted Doctors Whitney, Linstrum, Swift, Hennessy, and himself relative to organizing the Yuba-Sutter County Tuberculosis Association.

Considerable correspondence, received during the past month, had been conveniently displayed on a table for the members to read before and following the formal part of the meeting. Special note was taken of letters referring to expiration of terms of three members of the State Board of Medical Examiners, namely Doctors Pinkham and Molony, and Dr. F. W. Didier of the Yuba-Sutter County Medical Society. Letters are being forwarded to his Excellency, Governor Culbert Olson, asking his reappointment of these men to the Board.

The speaker of the evening was Dr. G. F. Norman of San Francisco, whose topic was *Calcium Metabolism as Related to Vascular Diseases.* His talk was discussed by Doctors Hamilton, Duncan, Thumen, Kimmel, Whitney, Didier, Miller, Lupo, Swift, Linstrum, Morris, Wisner, and Hennessy.

Refreshments were served, and the meeting was adjourned until the next regular meeting.

LEON M. SWIFT, *Secretary.*

CHANGES IN MEMBERSHIP

New Members (19)

Butte County

H. M. Morgenstern, *Chico.*
Hans Schmidt, *Chico.*

Fresno County

John L. Vaught, *Firebaugh.*

Humboldt County

Frederick A. Olson, *Fortuna.*

Kings County

Elmer C. Bond, *Hanford.*

Mendocino County

Stanley L. Rea, *Ukiah.*

Orange County

Walter Saul, *Orange.*

Sacramento County

George T. Akamatsu, *Walnut Grove.*
Jack V. Chambers, *Sacramento.*
Joseph R. Dillon, *Sacramento.*
Ugo J. Pucci, *Sacramento.*
Emilio E. Varanini, Jr., *Sacramento.*

San Francisco County

Jacob Kasanin, *San Francisco.*

San Joaquin County

James O. Greenwell, *French Camp.*

Santa Cruz County

Marcel D. Marquess, *Santa Cruz.*

Solano County

Paul F. Dieffenbacher, *Vallejo.*
Walter A. Fort, *Vallejo.*
Edwin G. Simmer, *Vallejo.*

Sonoma County

Hazel N. Woodruff, *Cotati.*

Transfers (13)

Lavon Bramwell, from San Bernardino County to Orange County.

Burt L. Davis, from San Francisco County to Los Angeles County.

Rudolph L. Dresel, from Santa Clara County to San Francisco County.

Roy L. Fielder, from San Francisco County to Los Angeles County.

Jacques P. Gray, from San Francisco County to Alameda County.

Harold R. Hennessy, from Los Angeles County to Yuba-Sutter County.

Miriam Pool Huff, from San Diego County to Humboldt County.

Walter Rapaport, from Napa County to Mendocino County.

Leslie A. Runyon, from Lassen-Plumas County to Butte County.

Lewis F. Seapy, from San Francisco County to Los Angeles County.

Gustave H. Taubles, from San Francisco County to Monterey County.

A. R. Thompson, from Solano County to the Nevada State Association.

R. L. Wagner, from San Francisco County to Connecticut State Association.

Resigned (6)

Arthur E. Coyne, from Los Angeles County.
Vera Sadicoff Goldman, from San Francisco County.
Reginald F. Grant, from San Francisco County.
Edgar J. Poth, from San Francisco County.
George F. Shiels, from San Mateo County.
James W. Shumate, from San Francisco County.

In Memoriam

Barclay, Henry Aretas. Died at San Diego, January 24, 1940, age 71. Graduate of Denver and Gross College of Medicine, 1906. Licensed in California in 1917. Doctor Barclay was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Boardman, Walter Whitney. Died at San Francisco, February 11, 1940, age 57. Graduate of Cooper Medical College, San Francisco, 1909, and licensed in California the same year. Doctor Boardman was a member of the

San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Brimhall, Silas Johnson. Died at Oakland, January 30, 1940, age 67. Graduate of the University of Minnesota Medical School, Minneapolis, 1902. Licensed in California in 1905. Doctor Brimhall was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

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Burrall, George Merriman. Died at Los Angeles, January 14, 1940, age 43. Graduate of the University of California Medical School, San Francisco, 1923, and licensed in California the same year. Doctor Burrall was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Foshay, Arthur Wellesley. Died at Oakland, January 13, 1940, age 64. Graduate of the University of California Medical School, San Francisco, 1904, and licensed in California the same year. Doctor Foshay was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Kile, Robert Francis. Died at San Francisco, January 31, 1940, age 52. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1919. Licensed in California in 1921. Doctor Kile was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

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Love, Edward C. Died at Oakland, January 18, 1940, age 69. Graduate of the California Eclectic Medical College, Los Angeles, 1895. Licensed in California in 1898. Doctor Love was a member of the Napa County Medical Society, the California Medical Association, and the American Medical Association.

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Moore, Albert William. Died at Los Angeles, January 20, 1940, age 63. Graduate of the University of Southern California School of Medicine, Los Angeles, 1904, and licensed in California the same year. Doctor Moore was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Pettis, John Hibbard. Died at Fresno, January 28, 1940, age 62. Graduate of the University of Michigan Medical School, Ann Arbor, 1906. Licensed in California in 1914. Doctor Pettis was a member of the Fresno County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Powell, Barton Jerome, Sr. Died at Stockton, January 15, 1940, age 67. Graduate of Jefferson Medical College of Philadelphia, 1894. Licensed in California in 1895. Doctor Powell was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

Slattery, James Ward. Died at Mountain View, January 19, 1940, age 43. Graduate of the College of Medical Evangelists, Loma Linda, 1933, and licensed in California the same year. Doctor Slattery was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Taussig, Laurence R. Died at San Francisco, February 11, 1940, age 47. Graduate of the University of California Medical School, San Francisco, 1919, and licensed in California the same year. Doctor Taussig was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✠

Wilkinson, Allan Marshall. Died at Hollywood, February 1, 1940, age 64. Graduate of the University of Michigan Medical School, Ann Arbor, 1901. Licensed in California in 1924. Doctor Wilkinson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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OBITUARIES

Robert Francis Kile

1888–1940

Robert Francis Kile, a member of the San Francisco County Medical Society, passed away on January 31, 1940. Born in Lincoln, Kansas, in 1888, he attended high school at Canton, Kansas, and later graduated from the University of Pennsylvania School of Medicine in 1919. Before completing his medical education, Robert Kile was an engineer, helping to build our Western Pacific Railroad. Later he specialized in roentgenology, doing work at Stanford, Saint Francis Hospital, and for the Veterans' Bureau.

In April, 1930, Doctor Kile joined forces with Doctors Ingber and Rodenbaugh, with whom he remained until the time of his death. His friends recall him as an ardent golfer and a valued associate, known to them all as "Bobby" Kile. He leaves a widow, to whom the Society has sent its sincere sympathy in her loss. H. M. F.

✠

Walter Whitney Boardman

1883–1940

For hundreds of patients and friends the cheery greeting, the encouraging smile, the sympathetic understanding, and the warm personality of Walter Boardman are now a memory. Death came to him on February 11, 1940, after a lingering illness.

Walter Whitney Boardman was born on December 9, 1883, in Oakland, California. After graduating from the University of California in 1906, he entered Cooper Medical College in San Francisco and received his degree in medicine in 1909. One year later he went to the Johns Hopkins Hospital for postgraduate study in medicine. He was particularly interested in tuberculosis, but while at the Hopkins he recognized the growing importance and potentialities of the roentgen ray. He soon familiarized himself with the technique and its application as then practiced and returned to San Francisco to become director of the Department of Roentgenology in Stanford Medical School. For the next few years he worked with great energy to develop and maintain this department, ever keeping it abreast of the rapidly occurring changes in the application of the ray to the diagnosis and treatment of medical conditions.

Throughout these years, however, there was being created in him a desire to become the doctor in the true and broad sense of the word—a desire to be helpful to the patient in a closer and more understanding relationship than was offered him by his x-ray work. For such a relationship he was admirably adapted. Just at this time, however, came the call of his country, and his plans had to be changed. He promptly entered the United States Navy as first lieutenant and served for the duration of the war. When he returned to the university he no longer supervised the Department of Roentgenology, but was associated with the Department of Internal Medicine in charge of gastro-enterology. The Medical School was not unmindful of his efforts and accomplishments and advanced him to the position of clinical professor of medicine. His professional ability was widely recognized. He was a member of his county and state medical societies, the American Medical Association, California Academy of Medicine, American Gastro-Enterological Association, and a Fellow of the American College of Physicians.

Then he entered the period during which he created for himself a monument which will long endure—the gratitude and affection of his many patients. His inherent quality of being kindly, understanding and helpful to prince and pauper alike, achieved for him the greatest measure of success. With it all he remained unassuming and modest, and gave unsparingly of his time and energy to everyone seeking his help. His greatest joy was being of service.

When at the height of his career the shadows of his final cruel illness fell across his pathway he unflinchingly and courageously continued to render service to others until the progression of his illness made this impossible.

To those who were privileged to know Walter Boardman his life will furnish an everlasting inspiration.

HENRY A. STEPHENSON.

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Laurence R. Taussig

1893–1940

Laurence R. Taussig died suddenly at his home on February 11, 1940, of coronary thrombosis.

Doctor Taussig was born in San Francisco of a well-known pioneer family. He attended school in San Francisco and later received his academic and medical education at the University of California. His early interest was in radium therapy. He published several articles on this subject and did much of the fundamental work on the use of radium emanation. For many years Doctor Taussig supervised the emanation plant at the University of California Hospital. He then became interested in dermatology and syphilology. He prepared himself for his specialty at the University of California and in Europe. He was engaged in the active practice of his specialty and published many original articles on dermatological subjects.

Doctor Taussig was associate clinical professor of medicine (dermatology) in the University of California Medical School, dermatologist at University of California Hospital, consultant in dermatology at St. Luke's Hospital, Children's Hospital, Shriners' Hospital, San Francisco Hospital, and the Southern Pacific Hospital. He was a member of the San Francisco Dermatological Association, San Francisco County Medical Society, California Medical Association, American Medical Association, American Radium Society, American Dermatological Association, Academy of Medicine, and the Academy of Dermatology. He was actively engaged in teaching in the University of California Medical School at the time of his death.

Doctor Taussig's hobbies were yachting and photography. He devoted much time to his miniature camera and developed a very comprehensive collection of slides of dermatological conditions. These are of special value for teaching purposes. He was very quiet and unassuming. It was always his preference to remain in the background. He would, however, when necessity arose, defend his position with great force and vigor. His very modesty endeared him to his associates. Those who worked with him every day learned to appreciate his ability and character.

Doctor Taussig's sudden death came as a great shock to his friends. He was not yet forty-seven years of age, and apparently had his happiest and most useful years ahead of him.

Doctor Taussig is survived by his wife and two children, to whom we extend our deepest sympathy.—J. M. G.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. FREDERICK N. SCATENA.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

Official Notices

The eighteenth annual convention of the Woman's Auxiliary to the American Medical Association will be held in New York City, June 10-14, 1940, with headquarters in the Hotel Pennsylvania. In view of the fact that reproduction of the World's Fair will accelerate advance hotel accommodations, it is urged that reservations be made immediately through the Housing Bureau which has been set up by the American Medical Association, directed by Dr. Peter Irving, Room 1036, 233 Broadway, New York City.

* * *

PROPOSED AMENDMENTS*

Article XV—Amendments—provides that:

This Constitution may be amended at any regular annual meeting of this Auxiliary by a two-thirds vote of the members of the House of Delegates present and voting, provided a copy of the proposed amendment shall have been mailed to each member of the Board of Directors and to the Secretary of each County Auxiliary at least sixty (60) days

† As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 5867 Whitworth Drive, Los Angeles. Brief reports of county auxiliary meetings will be welcomed by Mrs. Von Hagen and must be sent to her before publication takes place in this column. For lists of state and county officers, see advertising page 6. The Council of the California Medical Association has instructed the Editor to allocate two pages in every issue to Woman's Auxiliary notes.

* The notice of this proposed amendment appeared in CALIFORNIA AND WESTERN MEDICINE, issue of March, 1939, on page 223. It is reprinted because of errors in the enumeration of certain years, which are now corrected.

prior to the date of said meeting; and provided further that said amendment shall have been published at least once in CALIFORNIA AND WESTERN MEDICINE at least three months prior to the adoption thereof; and provided, finally, that such amendment shall, prior to the adoption thereof, have been approved by the Council of the California Medical Association evidenced by resolution thereof.

The following proposed amendment is published as provided for in Article XV—Amendments:

Section 1. For the years 1940 to 1941 and 1941 to 1942 the Nominating Committees, each consisting of five members, shall be elected at the annual meeting, held in May, 1940. Each committee shall consist of five members, two of whom shall be elected by the Board of Directors, and three to be members-at-large, elected by the House of Delegates. The members elected by the Board of Directors shall be elected at the regular meeting held previous to the annual meeting, while the members elected by the House of Delegates shall be elected at the first session of the annual convention. The Board of Directors shall designate the chairman of each committee. The Nominating Committee so elected for 1940 to 1941 shall present this report of nominees as soon as possible. The Nominating Committee so elected for 1941 to 1942 shall meet sixty days prior to the annual meeting of 1940 and prepare its report and submit the same at the first session of the annual meeting in 1941.

Beginning with the annual meeting in 1941, and annually thereafter, the Nominating Committee shall be elected each year in advance and shall consist of five members, two elected by the Board of Directors and three to be members-at-large, elected by the House of Delegates.

It shall be the duty of the Nominating Committee to nominate and present, in the regular order of business, candidates for the following offices: President-elect, first vice-president, second vice-president, recording secretary, treasurer and four councilors-at-large, to serve for one year or until their successors assume office.

Section 1 of Article IX at present provides as follows:

A Nominating Committee, consisting of five members, shall be provided as follows: Two members to be elected by the Board of Directors at the regular meeting held previous to the annual meeting, and three members-at-large, to be elected by the House of Delegates at the first session of the annual convention. The Board of Directors shall designate the chairman. It shall be the duty of this committee to nominate and present, in the regular order of business, candidates for the following offices: President-elect, first vice-president, second vice-president, recording secretary, treasurer, and four councilors-at-large, to serve for one year or until their successors assume office.

News Letter

Still another county auxiliary has joined our ranks. The Woman's Auxiliary to the Humboldt County Medical Society was organized on January 12, with twenty-one charter members. Officers selected to direct their activities are: Mrs. John N. Chain, Sr., of Eureka, president; Mrs. H. W. Comfort of Fortuna, vice-president; Mrs. Joe Brown of Eureka, secretary; and Mrs. John S. Chain, Jr., of Eureka, treasurer. Directors are Mesdames D. McIntyre, J. F. Walsh, Max Goodman and B. M. Marshall of Eureka, and Mrs. Rupert Hauser of Scotia.

May we wish for this fine group much success and a great deal of pleasure in their organization.

MRS. WILLIAM C. BOECK, *Chairman on Publicity.*

Component County Auxiliaries

Alameda County

A reception and luncheon, honoring Mrs. Frederick N. Scatena, State President, and Mrs. George Spencer, Corresponding Secretary, were given by the Alameda County Medical Auxiliary at the Claremont Country Club on Friday, January 19, when the president, Mrs. George Calvin, presided. The hostesses were Mrs. William Sargent and Mrs. Hobart Rogers.

Recent Advances in Hormones Affecting the Female Reproductive Organs was the subject of a talk by Mr. Donald Wonder of Cutter Laboratories.

Members who enjoy good music are looking forward to the benefit concert to be presented by Phyllida Ashley Everingham and Dr. Henri Shefoff at the Claremont Country Club on Friday evening, February 16. Proceeds will go to the student loan fund for senior medical students.

MRS. RENE VAN DE CARR, *Publicity Chairman.*

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Humboldt County

The Woman's Auxiliary to the Humboldt County Medical Association met in regular session on February 8 at the home of the president, Mrs. John Shain, Sr., who conducted the meeting. After reports from the different committees and a short business discussion, a social hour was enjoyed by the seventeen members. Hostesses for the evening were Mesdames Dave McIntyre, John Chain, Jr., and Joseph Brown. MRS. MAX GOODMAN, *Publicity Chairman.*

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Los Angeles County

With the Physicians' Art Exhibit as a colorful and stimulating background, the Woman's Auxiliary to the Los Angeles County Medical Association met in regular session at the Association headquarters on Tuesday, January 23. Over one hundred members gathered to view the exhibit and hear the speaker of the day, Rabbi Edgar F. Magnin, discuss *The Life of Alfred Adler* by Philip Bottome. Rabbi Magnin was introduced by Dr. George Piness as "a champion of the physician in the problems confronting the medical profession."

Dr. Joseph Savage called attention to the various art exhibits, narrating interesting bits of their history and that of the Physicians' Art Association.

MRS. WILLIAM BENBOW THOMPSON.

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Marin County

The Woman's Auxiliary to the Marin County Medical Society met for dinner on January 25 at Deer Park Villa in Fairfax. Due to the inclemency of the weather, only nineteen members were present. Mrs. Matthew Hazeltine presided.

We were honored to have as our guests Mrs. Edmund Morrissey, President of the San Francisco Auxiliary, and Mrs. Walter Brown, wife of the speaker of the evening, Dr. Walter Brown, Professor of Public Health at Stanford University.

Plans for the annual bridge tea, which is to take place on February 14 at the San Rafael Improvement Club, were discussed. The proceeds from this tea are to be used for our philanthropic fund.

AGNES CAMPION TAYLOR, *Publicity Chairman.*

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San Diego County

The regular meeting of the Woman's Auxiliary to the San Diego County Medical Society was held on Tuesday, January 9, at the University Club, the president, Mrs. William Cooke, presiding. There were fifty-eight members present.

Mrs. Harold Torbert, guest speaker, gave a talk on *Stores, Salesclerks, and Shoppers.* Mrs. Torbert was personnel director at Macy's in New York for several years.

Mrs. Frederick N. Scatena, State President, was the guest of honor. She gave a short talk on the history of the Auxiliary.

IVA O'HARA, *Secretary.*

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.

American Medical Association, New York, June 10–14, 1940. Olin West, M. D., Secretary, 535 North Dearborn Street, Chicago, Illinois.

California Medical Association, Hotel Del Coronado, Coronado, May 6–9, 1940. George H. Kress, M.D., Secretary, 450 Sutter Street, San Francisco.

Association of Western Hospitals, Hotel Biltmore, Los Angeles, April 8–11, 1940. Thomas F. Clark, Executive Secretary, 1182 Market Street, San Francisco.

Medical Broadcasts.*

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KTMS	Santa Barbara
KFSD	San Diego	KEX	Portland
KGO	San Francisco	KJR	Seattle
	KGA	Spokane	

* * *

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of March is as follows:

Saturday, March 2—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, March 6—KECA, 11:15 a. m., The Road of Health.

Saturday, March 9—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, March 13—KECA, 11:15 a. m., The Road of Health.

Saturday, March 16—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, March 20—KECA, 11:15 a. m., The Road of Health.

Saturday, March 23—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Wednesday, March 27—KECA, 11:15 a. m., The Road of Health.

Saturday, March 30—KFI, 9:45 a. m., The Road of Health; KFAC, 10:30 a. m., Your Doctor and You.

Art Exhibit at Coronado.—The Los Angeles Physicians' Art Association and the San Francisco Physician Artists are anxious to have an exhibition of their work in Coronado.

We know there is an abundance of talent, as witnessed at the exhibit in San Francisco, of paintings, in oil, water color, and pastel; drawings in pen, pencil, and charcoal and, above all, in photography.

A suitable exhibition room has been given at the hotel, and we hope suitable prizes for each group can be awarded.

Time is short. Please communicate with Dr. Francis H. Redewill, 870 Market Street, San Francisco, or Dr. Joseph C. Savage, 2202 West Third Street, Los Angeles, at the earliest moment.

A nominal hanging fee will be charged to defray expenses.

California Academy of Medicine: Dr. Frank E. Adair, Guest Speaker.—On Saturday evening, January 20, the California Academy of Medicine had as its guest speaker at a dinner held at the Italian Room of the Sir Francis Drake Hotel, San Francisco, Dr. Frank E. Adair, Secretary of the American Association for the Control of Cancer. Doctor Adair's topic was, "A Consideration of Recent Additions to Clinical and Experimental Aspects of Breast Conditions." Prior to the dinner, cocktails were served at the Family Club at Bush and Powell streets.

The guest speaker on the meeting scheduled for March 9 is Dr. L. Sigerist, Professor of the History of Medicine at Johns Hopkins University. His topic will be "The Social History of Medicine."

Nobel Records Reveal United States as Science Haven.—Indicative of the manner in which the United States is both developing and attracting the top-rank scientists of the world, five of the last six Nobel Prize winners in physics are now working in this country. Two of them, Dr. Enrico Fermi of Columbia University and Dr. Ernest Orlando Lawrence, are now on the campus of the University of California, Doctor Fermi as the holder of the Hitchcock professorship and Doctor Lawrence as head of the University's radiation laboratory.

Facts and figures on the Nobel Prize winners in physics, announced by Professor Raymond T. Birge, Chairman of the Department of Physics, reveal the impressive part that this country is playing in the development of physics studies. Nine of the physics Nobel winners are now in the United States. The five mentioned by Professor Birge as being among the most recent winners working here are Doctors Carl D. Anderson and V. G. Hess, both of the California Institute of Technology, who won the prize jointly in 1936; Dr. Clinton J. Davisson of the Bell Telephone Company laboratories, who shared the prize with Dr. George P. Thompson, noted British physicist in 1937, and Doctors Fermi and Lawrence, who won the prize in 1938 and 1939, respectively. The other four winners now working in this country are: Dr. Albert Einstein, expounder of the famed Einstein Theory, now at the Institute for Advanced Study of Princeton University, winner in 1921; Dr. Robert Andrews Millikan, University of Chicago, winner in 1923; Dr. James Franck, Johns Hopkins University, winner in 1925 with Dr. Gustav Hertz of Germany; and Dr. Arthur Holly Compton, University of Chicago, winner in 1927 with Dr. Charles Thomas Rees Wilson, another noted British physicist.

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* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

American Society for the Control of Cancer, Inc.—The American Society for the Control of Cancer, through organized units of its Women's Field Army, will conduct during April its fourth annual campaign of cancer education. President Roosevelt will issue a proclamation, calling attention to the need to "Fight Cancer with Knowledge."

The Nation's First Census of Housing.—A comprehensive picture of housing and home ownership in the United States will be compiled from information to be gathered by the 120,000 census enumerators in conjunction with the Sixteenth Decennial Census to be conducted by the United States Bureau of the Census in April. Data—in response to a schedule of thirty-one questions bearing on the type of structure, equipment, and ownership—will be obtained for each of the approximately 35,000,000 dwellings throughout the country. . . .

American Physicians' Art Association.—The American Physicians' Art Association, composed of over eight hundred physicians in the United States, Canada, and Hawaii, who follow some form of fine or applied art as an avocation, will hold the next annual art show at the Belmont-Plaza Hotel, New York City, on June 10 to 14, inclusive. This exhibit is held in conjunction with the American Medical Association Convention to be held at the same time in the vicinity of the Belmont-Plaza. All physicians in active practice or retired who have an art hobby, including photography, are cordially invited to participate in the New York exhibit.

To become a member of this Art Association a physician may join by mailing a check for one dollar to the treasurer, Dr. R. W. Burlingame, San Francisco County Hospital, San Francisco, and briefly state what art medium the applicant follows. For detailed information, kindly write to the executive secretary, Dr. F. H. Redewill, 526 Flood Building, San Francisco.

American Board of Obstetrics and Gynecology: Examinations.—The general oral and pathological examinations (Part II) for all candidates (Groups A and B) will be conducted by the entire Board at the Atlantic City Hospital, Atlantic City, New Jersey, from Friday, June 7, through Monday, June 10, 1940, prior to the opening of the annual meeting of the American Medical Association in New York City on Wednesday, June 12. Candidates are requested to note that the dates of the examinations have been advanced one day from those previously announced.

Application for admission to Group A, Part II, examinations must be on file in the Secretary's office not later than March 15.

Formal notice of the time and place of these examinations will be sent each candidate several weeks in advance of the examination dates.

Candidates for reëxamination in Part II must make written application to the Secretary's office before April 15.

For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburg (6), Pennsylvania.

California Tuberculosis Association.*—Three outstanding authorities on tuberculosis and public health will be guest speakers at the annual meeting of the California Tuberculosis Association, to be held in Santa Barbara on April 11, 12, and 13.

Dr. Herbert R. Edwards, Director of the Bureau of Tuberculosis of the New York City Health Department, will discuss some of the newer concepts in tuberculosis case finding as well as present a paper on "The Legal Responsibility of Government in the Control of Tuberculosis." Dr. Max Pinner, chief of the Division of Pulmonary Diseases at Montefiore Hospital in Bedford Hills, New York, and associate editor of the *American Review of Tuberculosis*, will likewise present two papers, one on "The Archaeology of Tuberculosis" and a second on "Noncaseating Tuberculosis."

What is new in adult health education will be outlined by William Doppler, Ph.D. of New York, health education expert of the staff of the National Tuberculosis Association. Mr. Doppler will also talk on "Tuberculosis and Logic."

Of special interest to physicians will be the Leitz x-ray film projector which will be used for an x-ray symposium to be held on Saturday afternoon, April 13. This projector, which makes it possible to project full-sized x-ray films directly onto a motion-picture screen, was used with great success for a similar symposium held in connection with last year's meeting of the Tuberculosis Association in Santa Cruz.

Presiding at the symposium will be Dr. Chesley Bush of Livermore. Leading the discussion of the various x-rays submitted for study will be Dr. Rollo G. Karshner of Los Angeles, Dr. R. R. Newell of San Francisco, Dr. Sidney J. Shipman of San Francisco, and Dr. Reginald Smart of Los Angeles.

A joint meeting of the medical societies of Santa Barbara, Kern, San Luis Obispo, and Ventura counties is planned for Thursday evening, April 11, at which Doctor Bush will be guest speaker. The annual banquet of the California Tuberculosis Association will be held on Friday evening, and the annual business meeting at Saturday luncheon.

Tentative plans for the Santa Barbara meeting indicate that a program of outstanding interest, both to the physician and public health worker, has been arranged by a committee headed by Dr. E. Richmond Ware of Los Angeles and composed of Dr. Wilton L. Halverson of Pasadena, Dr. Arthur Bruce Steele of Santa Barbara, and Dr. Harry C. Warren of Belmont.

Dr. Leo Eloesser of San Francisco will present a paper at the joint clinical and sociological session, Friday afternoon, April 12, on "Tuberculous Cavities and Some Attempts at Diagnosing Their Cause."

Five California physicians will participate in the clinical sessions of the meeting. Dr. Edward Kupka of Olive View will discuss "Monaldi Suction Aspiration of Tuberculous Cavities—A Preliminary Report." Dr. W. R. Oechsli will speak on "Body Section Roentgenography in Pulmonary Tuberculosis." Certain clinical and pathological aspects of corpulmonale will be the subject of a paper by Drs. Lauren V. Ackerman and Kazumi Kasugi. Dr. J. E. Pottenger of Monrovia will talk on the "Comparison of the Dilution-Flotation Technique with Guinea-Pig Inoculation in the Examination of Suspected Tuberculous Material." Dr. M. L. Pindell of Los Angeles will discuss the progress of pulmonary tuberculosis in young adults.

To be presented during the sociological sessions of the meeting is the paper, "A Review of Our Tuberculosis Control Program in a Rural Community," by Drs. R. C. Main and Peter Cohen of Santa Barbara.

All sessions will be held in the Recreation Center in Santa Barbara. Physicians and laymen interested in the problems of tuberculosis control, treatment, and prevention are welcome to attend.

Additional information may be secured from W. F. Higby, Executive Secretary, 45 Second Street, San Francisco.

* For item in this issue, on "Organized Efforts in Tuberculosis Control for California," see page 146.

National Conference on Medical Service.—The fourteenth annual meeting of the National Conference on Medical Service (formerly the Northwest Regional Conference) was held in the Grand Ballroom, Palmer House, Chicago, on Sunday, February 11, L. Fernald Foster, M.D., Bay City, Michigan, President, presiding.

The program follows:

9:30 a. m.—Registration.

MORNING SESSION

10:00 a. m.—Group Medical Care and Group Hospitalization Programs:
Missouri Program (10 minutes) — Carl F. Vohs, M. D., St. Louis, Missouri.
Experiences of Associated Hospital Service Plan of New York (10 minutes)—David H. McA. Pyle, New York, New York.
Michigan Medical Service (10 minutes)—Henry R. Carstens, M. D., Detroit,.
Q. and A. Period (30 minutes)—Leader: R. L. Sensenich, M. D., South Bend, Indiana.

11:00 a.m.—Allocation of Federal Funds to States (20 minutes)—R. G. Leland, M. D., Chicago, Illinois.
Q. and A. Period (15 minutes)—Leader: Wm. F. Braasch, M. D., Rochester, Minnesota.

11:45 a.m.—Recent Developments on the National Scene (15 minutes)—E. H. Cary, M. D., Dallas, Texas.

12:00 noon—Noon Day Dinner.

1:10 p. m.—Address (30 minutes)—Paul G. Hoffman, South Bend, Indiana, president, The Studebaker Corporation.

1:45 p. m.—Report of the Year. Election of Officers. Selection of Place and Time of 1941 Meeting.

AFTERNOON SESSION

2:15 p. m.—Effective Public Relations (20 minutes)—Edward J. McCormick, M. D., Toledo, Ohio.
Discussion (10 minutes)—Morris Fishbein, M. D., Chicago, Illinois.

2:45 p. m.—Medical Welfare Programs:
Farm Security Administration (10 minutes)—R. C. Williams, M. D., Washington, D. C.
Outdoor Indigent Care (10 minutes)—Hilton S. Read, M. D., Atlantic City, New Jersey.
Medical Relief in Chicago (10 minutes) — C. H. Phifer, M. D., Chicago, Illinois.
Medical Surveys (10 minutes)—Creighton Barker, M. D., New Haven, Connecticut.
Q. and A. Period (30 minutes)—Leader: Ernest E. Shaw, M. D., Indianola, Iowa.

4:00 p. m.—Adjournment.

American Medical Association Medical Broadcast.—The American Medical Association and the National Broadcasting Company broadcast a radio program, "The Life of Louis Pasteur," over the Blue network of the National Broadcasting Company from 10 to 10:30 p. m., Eastern standard time (9 to 9:30, Central standard time; 8 to 8:30, Mountain standard time; 7 to 7:30, Pacific standard time), on Wednesday, February 21. Emphasis was placed especially on Pasteur's conquest of rabies and on the rabies situation in the United States today.

The program was similar in plan to the "Your Health" and "Medicine in the News" broadcasts in that it was a dramatized program, produced under the direction of J. Clinton Stanley, with a cast of specially selected NBC radio artists. The musical score was used by special permission of Warner Brothers and was from the Warner Brothers' picture, "Life of Pasteur," starring Paul Muni. A special NBC orchestra was under the direction of Joseph Gallicchio.

Public Health League of California: Southern District.—The annual meeting of the Southern District of the Public Health League of California was held at the Mona Lisa Restaurant, Los Angeles, on February 15. Reports of the successful program of the League during the past year were enthusiastically received by the membership. Plans were laid for increased activities during 1940.

Officers elected for the ensuing year were: President, E. Eric Larson, M. D., Los Angeles; vice-president, Frank Kaiser, D. D. S., Los Angeles; secretary, Charles A. Reagan, D. D. S., Los Angeles; and treasurer, Peter Blong, M. D., Alhambra. Councilors (three-year term): L. T. Bullock, M. D., Los Angeles; Lyle Craig, M. D., Pasadena; Percy T. Magan, M. D., Los Angeles; S. J. McClendon, M. D., San Diego; Edward N. Reed, M. D., Santa Monica; Paul Southgate, M. D., Long Beach; and Guy Van Buskirk, D. D. S., Los Angeles. Auditor, Philip Tennis, D. D. S., Los Angeles.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Hospital Groups to Meet in Los Angeles

Convention Plans Will Be Laid at Committee Assembly Today

Preparations for the annual convention of the Association of Western Hospitals and the Western Conference of the Catholic Hospital Association and allied groups in Los Angeles April 8-11 will be discussed at a general meeting of the convention committee at the Biltmore this afternoon, according to R. E. Heerman, general chairman.

Representing the Catholic hospital group will be Rt. Rev. Msgr. T. J. O'Dwyer, while Harold S. Barnes of Salt Lake City, president of the western association, will be represented by Thomas F. Clark, executive secretary, whose headquarters are in San Francisco.

Dr. Glenn Myers will outline the tentative program of the convention and Dale L. Smith, member of the executive committee in charge of entertainment, will discuss preparations for that phase of the assembly.

Other members of the general committee are C. J. Elsasser, Miss Mary K. West, R. N.; Charles S. Aston, Jr.; Miss Mae Irene Weber, R. N.; R. J. Hromadka, Arthur J. Will, D. L. Braskamp, Andre Rouseryrol and A. E. Look.—Los Angeles *Times*, January 31.

* * *

Monopoly Trial for American Medical Association

Washington, March 4 (AP).—The United States Court of Appeals today ordered the American Medical Association to stand trial on monopoly charges, ruling it was as illegal to restrain "the lawful practice of medicine" as it was to restrain any kind of trade.

This decision by the appellate court for the District of Columbia upheld the validity of an indictment charging the American Medical Association, two of its society affiliates, and twenty individual doctors restrained trade in opposing the activities of Group Health Inc., a Washington coöperative organization.

Decision Reversed

The fact that defendants are physicians and medical organizations "is of no significance," the court declared, in reversing a district court decision that medicine was a "learned profession" and, therefore, not within the scope of the Sherman Antitrust Act.

Whether the defendants must stand trial in district court is not yet settled finally, however. The doctors could ask the supreme court to review today's order, or they might go back into district court and ask for a bill of particulars to narrow the issues.

Fishbein Indicted

The indicted include Dr. Morris Fishbein, editor of the Journal of the American Medical Association; Dr. Olin West, the Medical Association's secretary and general manager; the District of Columbia Medical Society, the Harris County (Texas) Medical Society, and individual doctors.—San Francisco *Call-Bulletin*, March 4, 1940.

* * *

Doctor Lawrence's Prize

Proud moments such as come rarely to an American father and mother will be given Thursday evening to Dr. Carl G. Lawrence, president emeritus of Aberdeen Teachers' College, Aberdeen, S. D., and Mrs. Lawrence.

Doctor and Mrs. Lawrence will sit on the stage of Wheeler Auditorium on the University of California campus in Berkeley and watch while their son, Dr. Ernest O. Lawrence, is awarded the Nobel prize medal and diploma for

research in physics. Doctor Lawrence has been awarded the Nobel prize for his research work in atom smashing and his development of the cyclotron.

The parents of the young but world-wide famous scientist recently moved to Berkeley to make their home near their sons, Dr. Ernest and Dr. John Lawrence, the latter also a member of the California faculty. Their home is at 2747 Haste Street.

Dr. Robert Gordon Sproul, president of the university, will preside at the Thursday meeting. Address of the evening will be given by Dr. Raymond T. Birge, chairman of the department of physics at the university.

The presentation of the diploma and medal will be done by Carl Edward Wallerstedt, Swedish Consul General here. Doctor Lawrence has accepted an invitation to deliver a Nobel prize address in Sweden.—San Francisco *Chronicle*, February 13.

* * *

Medical "Cure" Pair Seek Olson Pardon

Governor Culbert L. Olson was today in receipt of an application for a pardon from Edward C. Hurlbert and Olive, his wife, who were sentenced to serve six months in jail by Municipal Judge Harold B. Landreth last June for violating the medical practice act.

The sentence was suspended by the court and the couple were placed under six months' probation on condition they cease marketing their remedy.

The Hurlberts were charged with making a "sure cure for tuberculosis" known as "Erus-Eruc," "Sure Cure" spelled backward.

Hundreds of names were attached to their petition for pardon from persons who claimed they had been cured by "Erus-Eruc." The petition said the couple had a contract with the San Bernardino Board of Supervisors to treat the county's tuberculous patients. Executive clemency, which would terminate the parole, would permit them to carry out the agreement.

C. E. Grier, chairman of the San Bernardino County Board of Supervisors, testified that he had been cured through the use of the preparation.—Los Angeles *Herald and Express*, February 10.

* * *

Offers Health Measure

Washington, February 15 (UP).—Representative Franck R. Havenner, Democrat, California, introduced a bill today for the federal government to lend $300,000,000 to public agencies and nonprofit corporations for the construction of hospitals, sewage plants and other health facilities.—Fresno *Bee*, February 15.

* * *

Seven Druggists Face Arrest

Charges of Sulfanilamide Sales to Be Placed Against San Francisco Store Owners and Managers

Assistant District Attorney Nora A. Blichfeldt announced yesterday that complaints will be filed and warrants issued against seven, possibly eight, drug store owners and managers on Monday for the alleged illegal sale of sulfanilamide.

The announcement was made after a closed hearing with the accused druggists and a conference between Miss Blichfeldt and inspectors of the State Bureau of Food and Drug Inspection, under M. P. Duffy. . . .

The complaints, said Miss Blichfeldt, who is in charge of food and drug law prosecutions for the district attorney, will be based on the amended state law which prohibits sale of sulfanilamide without a physician's prescription.

Convictions under the amended act carry a misdemeanor penalty of a $25 fine for a first offense, and a minimum fine of $1,000 for a second offense. All of the current cases here are asserted first offenses.

The United States Public Health Service asserts the drug, although efficacious in the treatment of twenty or more serious diseases, is extremely dangerous in overdoses.—San Francisco *Examiner*, February 2.

* * *

Men that look no further than their outside, think health an appurtenance unto life, and quarrel with their constitutions for being sick; but I that have examined the parts of man, and know upon what tender filaments that fabric hangs, do wonder that we are not always so; and considering the thousand doors that lead to death, do thank God that we can die but once.—Sir T. Browne.

* * *

The Second National Assembly of the Women's Field Army

Two years ago there was held in conjunction with a great meeting of the General Federation of Women's Clubs at Kansas City the First National Assembly of the Women's Field Army Against Cancer. The time and place where it was convened were tributes to the debt which the Field Army owned and will always owe to the General Federation and especialy to two of its past presidents—Grace Morrison Reynolds and Roberta Campbell Lawson, for sponsorship and active help in its early days.

On the fifteenth to seventeenth of February this year the Second National Assembly will be held at Louisville, Kentucky. There will be no affiliated or supporting group in connection there at the same time. The newly born infant that needed a supporting hand to hold up its head in 1938 is strong enough now to sit up and face the world on its own established merit.

That such is the case is very largely due to the boundless energy, faith and activity of Marjorie B. Illig, the National Commander of the Field Army. She has borne misunderstandings, criticism, and to some degree personal abuse, unswerved from her major objective. It is proper to recognize that she still faces an enormous task to be accomplished, but it is also right to acknowledge the progress which has been made under her leadership.

In 1938 there was still grave doubt concerning the fate of the Field Army. Considerable skepticism was expressed as to whether any great national lay movement could enlist and hold locally, the interest of the medical profession in an active advisory capacity. The general public was only just beginning to poke its head out of the black cave of fear and ignorance concerning cancer and to treat it as a topic which could be rationally discussed.

Today the continued existence of the movement is certain. Even if there were a complete collapse of the organizations and individuals that have supported it, others would rise to carry on. There have been too many actual cases of lives prolonged or saved, and of suffering alleviated for the work to cease. The medical profession has supported the program splendidly and has given freely of its time and advice. It is an integral part of the movement and its continued responsibility and coöperation is a definite *sine qua non* of the organization wherever a division or local unit of the Army exists.

At the coming Assembly there will be addresses on topics of vital interest by invited speakers. There will be the usual luncheons and dinners with recognition of a few outstanding women in the field of cancer control. Perhaps the most important of all, however, will be the conferences and informal discussions at which will be presented the problems and queries of the various Field Army units from all parts of the country. The grouping and analysis of these scattered data will provide those at the central office of the American Society for the Control of Cancer with much needed data on which to base the further development of the national program.

It is natural that there should be, in that program's early stages, great diversity in different states, not only in the relative importance of various elements, but in the way in which the solution of problems is attempted. Such a situation is confusing, but it would be suicidal to intelligent progress, to attempt to restrict or simplify it too rapidly.

It is probable, however, that the period of greatest complexity has now been reached and that from now on it should be possible to make headway in coördinating and correlating various trends and combinations of factors so that consistent and unified policies will result.

Nineteen Hundred and Forty may or may not prove to be *the* important year in the European drive to *take* life; it is however almost certain to be a vital period in the maturing of our efforts in this country to *save* life from the threat of cancer.—*National Bulletin of The American Society for the Control of Cancer.*

* * *

Estimate Places California Seal Sale at $400,000

Widespread Publicity for Sale Seen as Factor in Success

Months of intensive preparations, 182 million Christmas Seals, the untiring efforts of countless volunteer workers, the wide coöperation of press, radio and other publicity channels—all this has brought to California the largest Christmas Seal sale in its history.

Unconfirmed until Seal sale returns as of February 1 have been tabulated, is the estimate that California's 1939 sale will exceed $400,000. This would be the largest sale in the state's history.

Largest previous Seal sale in California was that in 1938, which totaled $360,350. Smallest sale of the past decade was that in 1933, which grossed only $196,000.

National Sale Ahead

Generally, throughout the nation, Seal sales this year have been successful, and reports indicate a national increase over 1938.

Coöperation of the press and radio in publicizing this year's sale was excellent, newspapers and periodicals giving generously of their space and radio stations of their time.

Several newspapers devoted a full page to call public attention to the work and campaign of local associations. Numerous outstanding editorials were written. . . . —News Letter, California Tuberculosis Association, 45 Second Street, San Francisco.

* * *

Organized Efforts in Tuberculosis Control for California*

The Work of Charles C. Browning, M.D.†

The recent death of Dr. Charles C. Browning of Los Angeles brings to public attention the important part that this pioneer tuberculosis specialist played in the successful warfare against tuberculosis in California. The history of the modern control of this disease in California begins with the organization of the Anti-Tuberculosis League in May of 1902. Dr. F. M. Pottenger, another pioneer in activities for the control of tuberculosis, proposed the formation of this league at the meeting of the Southern California Medical Society. Doctor Pottenger was elected president and Doctor Browning vice-president of the new organization. Doctor Pottenger is still active in the practice of medicine.

The organization of this Anti-Tuberculosis League is of historical importance, for it came before the organization of the National Society for the Study and Prevention of Tuberculosis, now called the National Tuberculosis Association. The name of the California League was changed to the Southern California Assocation for the Study and Prevention of Tuberculosis, and still later its nomenclature was changed to conform to the change in the name of the national association. Afterward it developed into the California Tuberculosis Association, which is unquestionably the state's most important unofficial public health organization. The Anti-Tuberculosis League was active in the development of public interest in sanitation and higher standards of living, with special reference to the prevention and treatment of tuberculosis. Its early work consisted mostly of the development of lecture programs by physicians and the organization of local societies in the communities of California. For several years public meetings were held at the same time that the Southern California Medical Society met. In this way the subject of tuberculosis was brought before local communities and was endorsed by the medical profession, many of the members of the society taking part in the meetings of the league.

In 1903 Dr. N. K. Foster of Oakland became secretary of the State Board of Health. Following the Spanish American War, smallpox had become quite prevalent in the various communities of southern California. While on a trip to San Bernardino to investigate smallpox, Doctor Foster became acquainted with Doctor Browning, who at that time was health officer of Highland, seven miles from San Bernardino. It was then that the work of the Anti-Tuberculosis League was first called to the attention of the State Health Officer. Methods of control were discussed and the advisability of securing community support through the endorsement and action of the State Board of Health was emphasized. These two physicians became convinced that the education of the public must constitute the foundation upon which tuberculosis control must be developed. This meeting not only was the beginning of a most intimate friendship between the two men, which lasted throughout their lives, but also marked the beginning of the state's successful war on tuberculosis.

In 1905 Doctor Foster introduced a bill in the legislature to provide for $5,000 to be used for educational work under the direction of the State Board of Health for the prevention and treatment of tuberculosis. The bill passed, but the appropriation was reduced to $1,000. Doctor Foster reported his disappointment to Doctor Browning and stated that he almost wished that the legislature had appropriated nothing, thinking that the small appropriation would not make possible the carrying on of any successful educational program. The support of Edward Hyatt, then superintendent of Riverside County schools, was secured. Shortly afterward, Mr. Hyatt was elected State Superintendent of Public Instruction and through Doctor Browning's friendship with Mr. Hyatt, arrangements were made for the distribution of literature pertaining to tuberculosis control in the public schools of the state. Leaflets—one for distribution into the homes and another for the instruction of teachers—were prepared and printed, largely at the personal expense of Doctor Browning.

The following year Mr. Hyatt arranged for special addresses on the control of tuberculosis to be given before teachers in their regular institutes. Doctor Browning gave many of these lectures, and through this activity many educators became actively interested in the prevention and control of tuberculosis.

It was about this time that the establishment of a state tuberculosis sanitarium was proposed. Such institutions had been established in many parts of the United States. Doctor Foster said, "It is simply impossible to build sanatoria for all of our consumptives; hence, we should make our whole state as nearly sanitary as possible." He exerted every effort to secure the enactment of stringent laws, both state and local, that would prohibit the practices that might favor the spread of tuberculosis. He stated, "Important as are all these things, consumption cannot be stamped out, nor very materially lessened, until the people find out that their home life has more to do with it than their public life." In all of his remarks upon the subject, he emphasized the fact that the eradication of the disease depended more upon education than anything else, that the people must know the dangers involved in order to avoid them, and emphasized the further fact that the disease can be arrested if treatment is started early.

In the summer of 1906 Doctor Foster recognized the need for bringing the matter of tuberculosis control before the people of the state directly, and persuaded Doctor Browning to represent the State Board of Health in a series of public addresses to be presented in all parts of California. It was arranged to pay Doctor Browning a small salary and his expenses. Doctor Browning accepted the funds for expenses but donated the salary for the continuance of educational work. These lectures were well organized and Doctor Browning spoke from three to five times a day, addressing primary, grade and high school classes—occupying the pulpits of churches, addressing audiences assembled on lawns and in private homes, halls and public buildings. More than six weeks were devoted to this work by Doctor Browning.

In 1907 Doctor Foster then asked the legislature for $5,000 for educational work, and he again received $1,000. Meanwhile the tuberculosis program had become fairly well organized in many cities, particularly those of southern California, where, because of the extensive migration from eastern states of tuberculosis patients, the control of tuberculosis constituted a major health problem. Organizations also developed in San Francisco, Oakland and other cities, and through the coöperation of the local tuberculosis association with the State Board of Health more extensive plans in the continuance of educational work were developed.

In 1909 the Southern Pacific Railroad Company donated the use of a coach for a traveling public health exhibit and arranged for its free transportation throughout the state. Most of the exhibit was devoted to tuberculosis control, as well as the control of other important infectious diseases. Not only steam roads, but electric lines as well, carried this car free of charge, and most of the school children of the state, during a period of three or four years, were privileged to see the exhibit and hear the lectures on the control of tuberculosis that were delivered by demonstrators attached to the exhibit.

In 1911 the legislature appropriated $5,000 for an investigation into tuberculosis in California. The State Board of Health established a Tuberculosis Commission of fifty individuals—both physicians and laymen, who were particularly interested in tuberculosis control. Dr. George H. Kress, now secretary of the California Medical Association and editor of CALIFORNIA AND WESTERN MEDICINE, was chairman of the executive committee of the commission, and Doctor Browning was the most active member. Doctors Kress and Browning conducted the investigation and prepared the final report which was published in 1913. It was largely through the recommendations made in this report that the present plan for tuberculosis control in California has developed.

It is but natural then that the death of Doctor Browning should recall the important part that he played, not only in the development of a successful plan for the control of tuberculosis in California, but also the larger rôle that he played in the development of the whole public health program throughout the state. A most conscientious and hard worker, a man of high ideals with vision and a thorough understanding of the tuberculosis situation and associated problems, he was particularly well fitted for the pioneer work that he undertook. To him and to Doctor Foster must be given full credit for their accomplishments in the development of organized efforts to raise public health standards throughout California.—*Weekly Bulletin, California Department of Public Health*, January 13, 1940.

* * *

Health is certainly more valuable than money, because it is by health that money is procured; but thousands and

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* For item on "California Tuberculosis Association," see page 143.

† For Obituary, see CALIFORNIA AND WESTERN MEDICINE, November, 1939, on page 341.

millions are of small avail to alleviate the tortures of the gout, to repair the broken organs of sense, or resuscitate the powers of digestion. Poverty is, indeed, an evil from which we naturally fly; but let us not run from one enemy to another, nor take shelter in the arms of sickness.—Johnson.

* * *

There is this difference between the two temporal blessings—health and money; money is the most envied, but the least enjoyed; health is the most enjoyed, but the least envied; and this superiority of the latter is still more obvious when we reflect that the poorest man would not part with health for money, but that the richest would gladly part with all his money for health.—Colton.

LETTERS

Subject: Address by John W. Cline, M. D., of San Francisco.

(COPY)

February 21, 1940.

Dr. John W. Cline
490 Post Street
San Francisco, California

Dear Doctor Cline:

The meeting of the Down Town Forum last evening here in San Francisco was an enthusiastic and helpful one. The audience enjoyed your presentation thoroughly, and I feel that a good deal was gained by many people who were seeking light on this whole question of compulsory health insurance.

I want to thank you for giving the time necessary in this connection, and I assure you that your efforts have brought forth full appreciation.

Trusting that on a future date we may again have the pleasure of your presence upon the platform, and with personal regards, I am

Yours sincerely,

(Signed): ARTHUR H. CHAMBERLAIN.

P. S.—Dear Doctor Kress: We appreciate greatly your suggestion of our securing Doctor Cline. He added greatly to the interest and enlightenment of the evening.

* * *

Note: The above refers to the following meeting.

(COPY)

PRESS RELEASE

PUBLIC FORUM AND SPEAKERS' BUREAU
SAN FRANCISCO SCHOOL DEPARTMENT AND WPA
EDUCATION PROGRAM OF THE CALIFORNIA
STATE DEPARTMENT OF EDUCATION

"Should we adopt compulsory health insurance?" was the subject of a discussion by Prof. Samuel C. May and Dr. John W. Cline at the Down Town Forum in the First Congregational Methodist Temple, Post and Mason streets, eight o'clock Tuesday evening, February 20. Admission free.

As Professor of Political Science and Director of the Bureau of Public Administration, University of California, Professor May is much interested in promoting legislation in the interest of compulsory health insurance, and has frequently been before the public in advocacy of such insurance.

Doctor Cline, as a member of the Board of Directors of the Medical Society of San Francisco, has frequently appeared as opposed to compulsory health insurance.

1157 Mason Street.

Subject: The United States Pharmacopœial Convention.

(COPY)

Convention for the Revision of
The Pharmacopœia of the United States of America
To be held at Washington, D. C., beginning May 14, 1940.

February 14, 1940.

To the Editors of
Medical and Pharmaceutical Journals:

Some months ago I mailed you an abstract of the Constitution and By-Laws of the Pharmacopœial Convention, setting forth the date of the next decennial convention and the list of organizations eligible for representation in the Convention.

In further compliance with the provisions of the By-Laws, another "Call" is enclosed and you are earnestly requested again to announce in your JOURNAL the date for the Convention, namely, May 14, 1940, and to urge eligible organizations and colleges which have not yet done so to send for credential blanks to the Secretary of the Convention, L. E. Warren, M.Sc., 2 Raymond Street, Chevy Chase, Maryland.

The Board of Trustees have asked that credentials be filed with the Secretary of the Convention by March 15, 1940.

Respectfully,

WALTER A. BASTEDO, M. D.,
President of the United States Pharmacopœial Convention of 1940.

* * *

February 14, 1940.

In compliance with the provisions of the Constitution and By-Laws of the United States Pharmacopœial Convention, I hereby issue this second call to the several bodies entitled under the Constitution to representation therein to appoint three delegates and three alternates to the Decennial Meeting of the Convention for the Revision of the Pharmacopœia of the United States of America, which is to meet in Washington, D. C., on May 14, 1940.

WALTER A. BASTEDO, M. D.,
President of the United States Pharmacopœial Convention.

NOTICE—In order that the records may be brought up to date and checked, that card files may be prepared, and that the other functions of the Committee on Credentials may be performed, it is desirable that the Credentials of all delegates appointed to attend this decennial meeting shall be in the hands of the secretary, Mr. L. E. Warren, 2 Raymond Street, Chevy Chase, Maryland, not later than March 15, 1940.

Subject: Affiliate Fellowship in the American Medical Association.

AMERICAN MEDICAL ASSOCIATION

535 North Dearborn Street,
Chicago, Illinois, February 5, 1940.

Dr. George H. Kress
Secretary, California Medical Association
450 Sutter Street, San Francisco, California

Dear Doctor Kress:

I have before me a copy of your letter of February 1, addressed to our Membership Department.

We do not have application forms for Affiliate Fellowship for the reason that nominations for Affiliate Fellowship must be made by the constituent state medical associations immediately concerned. The By-Laws of the American Medical Association provide that a Fellow who has been a Fellow for a continuous term of fifteen years,

who is not less than sixty-five years of age, and who is an honorary member of his component society and of his constituent association, or is connected with these organizations in an equivalent manner whereby he is relieved from the payment of dues or fees, on request of his constituent association, may be made an Affiliate Fellow by a majority vote of the House of Delegates of the American Medical Association.

If Dr. ——— is an honorary member of his component society and of the California Medical Association or is connected with those organizations in an equivalent manner, whereby he is relieved from the payment of dues or fees, and if his nomination is submitted by the California Medical Association, I shall be very glad to submit that nomination to the House of Delegates at the New York session in June.

With my sincere good wishes, I am

Very truly yours,

OLIN WEST, *Secretary.*

Subject: Malpractice insurance for a laboratory technician.

(COPY)

February 20, 1940.

Dr. ———

———

———, California

Dear Doctor:

Doctor Kress has sent me a copy of your letter of February 14, regarding malpractice insurance for your laboratory technician.

In applying for your own insurance you have, of course, informed your insurance carrier or carriers that this technician is in your employ and the nature of her work as an assistant in order that you may be protected from the result of any act or omission on her part. In the event of an error or mistake on her part she can, of course, be made a party defendant as well. I do not know whether the companies issue such a policy.

If you desire to protect your technician as against her own errors or mistakes for which she might be sued, I suggest you take it up with whatever company you have your own policy, and see if you can obtain such a policy covering her.

Very truly yours,

HARTLEY F. PEART.

Subject: Questionnaire on nursing service.

(COPY)

THE CALIFORNIA STATE NURSES ASSOCIATION, INC.

OFFICIAL ORGAN

THE PACIFIC COAST JOURNAL OF NURSING

San Francisco, February 12, 1940.

Dear Doctor:

The California State Nurses' Association is making a study of sources for nursing services in the state, as part of a nation-wide survey directed by the American Nurses' Association. This survey is being made to determine what facilities are available and how these are being used to meet the needs for nursing care.

Knowing your familiarity with nursing needs in your area, we should deeply appreciate your coöperation. The week of February 18-24, inclusive, has been chosen as the period of time the survey will cover.

Will you help by filling in the enclosed form?* Your answers will aid materially in securing factual data. May we suggest it will be satisfactory to have your office nurse fill in most of the data. However, there are certain questions in which we shall value an expression of your personal opinion. This will serve as a guide on which to base conclusions for future plans to make nursing services more readily available.

We shall appreciate receiving your reply by March 1.

A summary of the results of the survey in California will be made available to county medical societies.

609 Sutter Street at Mason.

Sincerely,

PAULINE W. GAGE, R. N.,
President, California State Nurses' Association.

Subject: Finnish Relief Fund.

February 24, 1940.

To the Editor:—I wish, on behalf of Mr. Hoover and the members of my committee, to express through the columns of CALIFORNIA AND WESTERN MEDICINE the appreciation we feel for the splendid response from members of the medical profession to our appeal for funds on behalf of Finnish relief.

If funds continue to come in as they have to date, we should realize between $2,000 and $2,500. It seems to me that this is a particularly splendid showing because an extremely high percentage of the members of our profession has already contributed through other organizations to Finnish relief. Could the sum of these contributions be added to those sent direct to my committee, the total would amount to many thousands of dollars. I feel very proud of the members of my profession for the splendid way in which they have helped, through our fund and through other organizations, in the magnificent work for Finnish relief under the chairmanship of Mr. Herbert Hoover.

Very sincerely,

ROBERT A. PEERS, M. D.

Subject: "Sobisminol" added to Schedule "C" of the California Poison Act.

CALIFORNIA STATE BOARD OF PHARMACY

San Francisco, January 24, 1940.

To the Editor:—It has been brought to the attention of the California State Board of Pharmacy that the preparation "Sobisminol," which has been so highly publicized in the lay press, might fall into the hands of people desiring to use it for self-medication. With this obvious health menace in mind, the California State Board of Pharmacy is contemplating adding Sobisminol to Schedule "C" of the State Poison Act. This would require a prescription for each bottle of Sobisminol dispensed by the pharmacist.

The Board feels sure that the medical profession will approve of this action, but before we can take such action we must make a reasonable inquiry into the danger to public health of this drug. We would appreciate an expression from you regarding the toxicity of overdoses of bismuth preparations.

The Board was desirous of taking this action at its last meeting, but due to a lack of time for adequate inquiry

* Owing to lack of space, the lengthy questionnaire cannot be printed. Members who are interested may obtain copies on request to address given.

into Sobisminol, we deferred action until the next meeting of this Board.

Thanking you for any coöperation you may give us in this matter,* I remain

515 Van Ness Avenue.

Sincerely yours,

CALIFORNIA STATE BOARD OF PHARMACY.
John A. Foley, *Secretary.*

Subject: Educational qualifications of health officers.

THE AMERICAN PUBLIC HEALTH ASSOCIATION

February, 20, 1940.

To the Editor:—The American Public Health Association has recently adopted a Report on the Educational Qualifications of Health Officers. A copy is sent you in the hope that you will find it possible to carry an announcement in your JOURNAL concerning its availability. The report is distributed free in the belief that it will serve a useful purpose in raising the educational standards of professional public health personnel. Copies may be secured from the American Public Health Association, 50 West Fiftieth Street, New York, N. Y.†

Your coöperation will be greatly appreciated.

Very sincerely yours,

REGINALD M. ATWATER, M. D.,
Executive Secretary.

Subject: American Red Cross: Re enrollment of medical technologists.

Washington, D. C., February 21, 1940.

To the Editor:—The American Red Cross has been requested to enroll various groups of medical technologists who are willing to serve in the medical departments of the Army and Navy in the event of a national emergency. The enclosed statement names the various groups concerned and outlines the enrollment procedure.

Will you be good enough to publish this statement in an early issue of your JOURNAL. It is important that we proceed with this enrollment as soon as possible and we would, therefore, appreciate it very much if this statement could be given early publication.

Since this enrollment work is being done by the Red Cross for the medical departments of the Army and Navy, we hope you can publish the statement without charge. . . .

Yours very truly,

WILLIAM DEKLEINE, M. D.,
Medical Adviser.

Subject: Basic Science Act of South Dakota.

(COPY)

Sacramento, California,
February 13, 1940.

South Dakota State
Board of Medical Examiners
J. F. D. Cook, M. D., Secretary
Pierre, South Dakota

Yours of January 30, re Basic Science Law.

Dear Doctor:

This will acknowledge receipt of your letter of January 30, 1940, advising that "South Dakota has adopted a Basic Science Law which became effective July 1, 1939," and that in consequence thereof "all applicants for a license by reciprocity from states which do not have a Basic Science Law" will be required "to take the South Dakota Basic Science Board examination before being licensed by the South Dakota State Board of Medical Examiners on a reciprocal basis."

We assume this applies to graduates of the Stanford University Medical School, University of California Medical School, University of Southern California School of Medicine, and the College of Medical Evangelists, all located in the State of California.

1020 N Street.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

Subject: Tests for Intoxication.

(COPY)

NATIONAL SAFETY COUNCIL

January 22, 1940.

To the Editor:—"Installing Tests for Intoxication" is the title of the 1939 report of the Committee on Tests for Intoxication which has recently come off the press. I am glad to send you the enclosed copy for review purposes.

As its name implies, this report tells how to set up a scientific testing program in a city or state. It also contains information about the recommendations made by committees of medical associations in dealing with the drinking driver problem. The Table of Contents on page 4 lists other phases of the subject discussed in this report.

We would appreciate your listing this report in one of your publications, to call it to the attention of local medical associations and physicians in your state. It will be quite all right to mention that physicians may obtain single copies of the report at no charge by writing to us.

Your suggestions regarding further distribution of the report in your state will be most welcome. Seven thousand copies have been printed.

Sincerely yours,

DONALD S. BERRY,
Secretary, Committee on Tests for Intoxication
Street and Highway Traffic Section

Subject: Army Medical Library Appropriation.

(COPY)

WAR DEPARTMENT
OFFICE OF THE SURGEON-GENERAL

Washington, February 21, 1940.

Dear Doctor Kress:

The Surgeon-General has directed me to acknowledge the receipt of your letter of February 14, 1940, enclosing certain pages of the February issue of your JOURNAL, setting forth your efforts in behalf of the budgetary item of the President for an initial appropriation for a new Army Medical Library.*

The appreciation of organizations like yours indicates beyond question the interest and usefulness of this library by the medical profession throughout the country.

Your coöperation and help in this matter is appreciated by the Surgeon-General.

Very truly yours,

(Signed): JAMES E. BAYLIS,
Colonel, Medical Corps, Executive Officer.

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* On February 17, 1940, the Council of the California Medical Association approved the proposed action of the California State Board of Pharmacy.

† Lack of space prevents printing of the report in this issue. Physicians who are interested may obtain copies on application as per address given in the above letter.

* See February issue, on page 98.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIII, No. 3, March, 1915

From Some Editorial Notes:

That Federal Drug Law.—Some of our readers may have overlooked the notice and warning in the last issue of the JOURNAL; for while we know it to be a fact that the pages of the State JOURNAL are widely read, we do not by any means believe that every issue is read in every page by every recipient! *The law goes into effect March 1, 1915,* and it requires every druggist, physician, dentist, and veterinarian to secure from the Collector of Internal Revenue of the district in which he lives, a federal license to have in his possession, use, give away, sell or prescribe any opium or coca or any derivative or mixture thereof or containing any such article. It is very wide, very far-reaching and very drastic, and the penalties attached to its violation are very severe. The license fee is small—only $1—but it must be paid, and a license secured every year so long as the law lasts. . . .

* * *

The Exposition and the American Medical Association. The Panama-Pacific International Exposition opened as planned on February 20, and in many ways it is without question the most remarkable and beautiful world's fair or exposition ever held. Of course you will wish to see it, and of course you will see it. And if you can combine a pleasure trip with the object of seeing a thing so wonderful as the Exposition, with a profitable trip to yourself and your mental equipment, you will want to do so. . . .

* * *

Opinions Regarding Medical Defense Rules.—A number of letters were written to members in various parts of the state, asking their personal opinion in regard to the rules established for the conduct of the medical defense work of the Society, and particularly the newer rules, such as requiring an x-ray plate to be held in the possession of the physician in all fracture cases, not suing to collect a bill for professional services till the account is at least a year old, letting the insurance companies carry their proper share of expense in case a member who is sued has insurance, etc. . . .

* * *

Plenty of Good Water.—It is absolutely essential to the life of a city that it shall have an ample supply of pure water. Los Angeles recognized that fact long ago and spent many millions on the project of bringing an abundant water supply over mountain and desert into its homes. San Francisco has been talking a great deal about a municipal water supply, and some small-minded agitators have delayed all action for years. At last something definite in the way of an agreement has been secured, as set forth in the following communication, and certainly physicians should realize more fully than other citizens, and should, therefore, make it their duty to explain the importance of the matter to them, that a bigger and better water supply is vitally essential to the life and growth of San Francisco. . . .

* * *

Assembly Bill No. 923.—A little over a year ago we commented editorially on the advisability of forming union health departments in order to secure full-time health

(Continued in Front Advertising Section, Page 26)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"'Dr. Albert Stanley Fortune,' international swindler and Alcatraz ex-convict who sent a potted Easter lily to a San Francisco judge and then jumped $500 bail two years ago, was arrested yesterday in New York. 'Fortune', whose real name is Alexander Besmanoff, was taken into custody by Federal agents and New York detectives on the liner *Washington* as it arrived from Italy, according to Associated Press dispatches. He was immediately taken to police headquarters and charged with violating the passport law by forging a passport with which he fled to Canada after he jumped bail in San Francisco. . . . 'I'm glad that justice has been vindicated,' said Superior Judge Sylvain J. Lazarus, the man to whom 'Doctor Fortune' sent the Easter lily. 'The last the police department heard of the man he was in Germany. I have a suspicion he found the prospects of prison in America preferable to liberty in Germany.' Judge Lazarus referred to a message received a year ago by Captain of Inspectors Charles Dullea that Besmanoff was under arrest in Berlin. . . . Because of the passport charge and an old bad check charge in New York against Besmanoff, police here indicated they would make no attempt to have the man brought here to face the bail-jumping charge. . . . Is was as a physician that the man was introduced to San Francisco society in 1933 by a blue book dowager here. He eventually came to grief on a bad check charge involving a $10,000 jewel purchase." (San Francisco *Examiner,* February 9, 1940.) (Previous entry, June, 1938.)

"Ruling that chiropractors may not sign certificates of premarital examinations, required under the new State law, Superior Judge Emmett H. Wilson declined today to issue an alternative writ of mandate sought by Kenneth W. Barron and others against County Clerk L. E. Lampton." (Associated Press Dispatch, dated Los Angeles, February 12, printed San Francisco *Examiner,* February 13, 1940.)

"The grand jury refused today to accept petitions requesting dismissal of murder charges against Dr. Clyde A. Pierson. Ralph H. Logsdon waited two hours after asking that he be allowed to present the petitions. . . . The petitions were signed by approximately 3,500 residents of the county, Mr. Logsdon said. Similar petitions protesting against the third trial of Doctor Pierson on the same charge were presented to the board of supervisors and referred to District Attorney Jerome B. Kavanaugh. In the two previous trials, the juries were unable to agree on the question of the guilt or innocence of Doctor Pierson in the death of an 18-year-old girl who died from an infection following an illegal operation. . . . Mr. Logsdon is Doctor Pierson's brother-in-law. . . . In the first trial the jurors stood at nine to three for conviction and in the second trial the jury voted eleven to one also for conviction." (San Bernardino *Telegram,* January 30, 1940.) (Previous entries, May, July, 1935; November, 1939.)

"Concluding three months of investigation, Los Angeles police and a state officer yesterday arrested a Hollywood

(Continued in Back Advertising Section, Page 38)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.